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MENTAL ASPECTS OF INFANTILE UNFOLDMENT.

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In an article which appeared recently in the REPORTER, I treated of various physical aspects of infantile unfoldment, the basis of my remarks being observations made on a male child (my own) who was healthy at birth, and was cared for properly from day to day. Taking observations made on the same child as the basis of my remarks, I will now treat briefly of some mental aspects of infantile unfoldment. This subject may or may not be of much value practically to physicians as such, but nevertheless it is eminently worthy of their attention, as well as that of thoughtful people in general. The discussion of it in a medical journal may not be entirely in place; but this should detract nothing from its interest. The two articles being supplemental to each other is, perhaps, sufficient reason for their appearance in the same periodical.

The mental unfoldment of children is a subject which, indeed, has received comparatively little attention as yet, but more, perhaps, than one might suppose from reading the extract from the circular to be given below. The celebrated Mr. Darwin has written a sketch of one of his children, M. Taine, the distinguished French littérateur, one of one of his, and Mr. Pollock, an English scientific essayist, one of one of his. The two authors last named dwell almost exclusively on the unfoldment of the power of speech. Among other writings on the subject with which

I am acquainted are some by Preyer and by Perez, the former a German and the latter a French scientific author. All these are recent productions, and altogether are very far from being exhaustive.

Now, it may be well to explicitly say that the mental unfoldment of a child is very largely dependent on the impress of external influences; it does not occur, as many erroneously suppose, spontaneously. However healthy a child's brain may be, it will never have a well developed mind, if impressions of the right kind are not made on it, and made on it, too, in the right way. This truth does not seem to be known to some who are presumably versed to some extent in scientific knowledge; even the Educational Department of the American Social Science Association seems to be oblivious to it, if one may judge from a circular sent out by it to parents, last year, for the purpose of obtaining data to indicate the rate of development of the powers of the mind. In this circular replies to a large number of questions were asked for, but none as to the shaping external influences at play. The purpose of it, however, was good. It contained the following introductory remarks:—

"We have been made familiar with the habits of plants and animals, from the careful investigations which have from time to time been published—the intelligence of animals even coming in for a due share. One author (Lord Lindsay), alone contributes a book of one thousand pages upon 'Mind in the Lower Animals.' Recently some educators in this country have been quietly thinking that to study the natural development of a single child is worth more than a Noah's Ark full of animals. Little has been done in

this study; at least, little has been recorded. It is certain that a great many mothers might contribute observations of their own child's life and development, that might be at some future time invaluable to the psychologist."

"The natural development" of a child is something, I ween, which the Association will not soon become familiar with. Human beings are not, and cannot be expected to be, all similar in their mental development, as are some species of dumb animals. No; the development of the mental faculties of a child is in all respects greatly dependent on the character of its environment. A child whose mother or nurse takes little interest in it need not be expected to progress well, either physically or mentally. That from what the child is, a fair idea of what the parents, but more particularly the mother, are may be formed, is a true old saying.

Of course, it will not be inferred from the remarks just made that I believe that a child's mind at birth is, as it were, a mere blank page on which characters may be written at will. A child at birth has ingrained in its constitution the character of its ancestors for generations back. It may be possessed of special susceptibilities of an admirable or of an unadmirable sort. Still, as has been said, the environment of a child is extremely potential for good or bad.

The question is often asked, does a child at birth know anything? The answer is, No; it knows nothing. All that any one can ever know is gained through the exercise of one or other of the five senses; and not one of these is then in any other than a budding condition. A new-born child can hardly see; it can hardly hear; it can hardly smell; it can hardly taste; it can hardly feel. It takes time to unfold the power of every one of the senses; indeed, their unfoldment may continue at least until the decline of life begins. And simultaneously with the unfolding of the power of the special senses unfolds the powers of the mind. The first impression that arouses consciousness, however faintly, whether it be received through one or other of the five senses, is the first step in the acquirement of knowledge. But there is only a glimmering perception of anything at the start, and the ability to recognize likeness or difference in things is of gradual and slow growth. The reflective power of a child under a year of age is very, very feeble. Had Dr. Holland studied infantile life carefully, he would likely not have written the misleading passage in "Bitter Sweet," beginning—

"Who can tell what a baby thinks?"

In what has just been said, the idea is implied, and properly, I believe, that at first a child is not easily hurt; acuteness of feeling is developed by degrees. The crying of a young infant is not necessarily caused by pain; when it is caused by pain the influence at play to produce the latter must be decided. This obtuseness of sensibility in tender babyhood is a provision of Nature, which is fortunate in the case of many a little creature.

It can hardly be doubted that even a new-born child is possessed of some degree of sensibility to pain. Whether or not it is possessed of some degree of sensibility to pleasure is a more open question, I believe. Assuredly, it is possessed of a decided degree of sensibility to both within the first month. And here I may observe that it should be known by every one, that just as soon as a child can experience pleasurable and unpleasurable sensations, just so soon is it possible and proper for systematic training to begin. Most of the talk which is indulged in about the impropriety of beginning education early is sheer nonsense; it cannot be begun too early, or be too energetically carried on, if it be of the right kind, and be rightly conducted. On this, as on many another subject, one can refer with advantage to the teachings of the sages of antiquity. "Pleasure and Pain," says Plato, "are the first perceptions of children," and continues, "The particular training in respect of pleasure and pain, which leads one always to hate what one ought to hate, and love what one ought to love, from the beginning to the end, may be separated off, and in my view, will be called education." Yes, that is really at least the supremely significant part of education; it is the part which has an active bearing on the conduct. In his work on the emotions and the will, the English philosopher, Bain, gives expression to melancholy truth when he says, "It is not usual to commence the discipline of children in the first year of life." Such parental dereliction is inexcusable. From the very start, what is right should be encouraged, and what is wrong should be discouraged. Let right feelings and emotions and manifestations of will be fostered and wrong ones repressed, from their inception forward. Parents who put off disciplining their children until their understanding is well developed, are deliberately letting bad traits get such firm rooting in their nature that their removal cannot be accomplished without much difficulty. Plutarch, in his essay on the "Management of Children," rightly declares it to be "Expedient that manners be well-

fashioned from the very beginning. For childhood is a tender thing, and easily wrought into any shape. . . . As soft wax, is apt to take the stamp of the seal, so are the minds of children to receive the instructions imprinted on them at that age."

On the day on which the child was four weeks old, it is recorded of him that "he clearly notices objects, particularly if bright, and follows them readily with his eyes when moved." Doubtless long before this impressions were made on the eye, attended with more or less consciousness. Even at a week after birth it is possible to make almost any infant follow an object with its eyes. Thus early does a child begin to learn; and it begins to learn not only through the eye, but through each of the other special senses. In respect to the sense of sight, I may further say, that for several weeks at first, in infants, there is reason to believe that the field of vision is composed merely of light and dark areas; and that degree of brightness only is appreciated. The sense of color is wanting; an infant is for some time completely color-blind. According to Preyer, blue is the last color to be correctly perceived. How soon a child shall be able to recognize any or all colors and their shades, is for the most part a question of opportunity to learn, and the effort its care takers may make to teach it.

I may here observe that tears do not flow freely until between the sixth and ninth week of age—a circumstance due largely to the fact that decided emotions are not experienced earlier. Subsequently, when a child cries and there is a flow of them, it is an indication, as a rule, of injured feelings. Crying unattended with tears is indulged in voluntarily, for a purpose.

From statements made above, it, of course, follows that the popular idea that a child does not "begin to notice" until it is five or six weeks old, is an error. The error arises probably from confounding mere noticing with obvious discrimination or recognition of similarity or difference in things. But it cannot be doubted but that most children have some power of discrimination before their fifth or sixth week. On the day the child was three weeks old it is recorded of him that "he evidently recognized his mother's breast, when brought into view, and was evidently pleased to see it."

When the child was six weeks old it was stated of him in the record that "for several days he has certainly been able to distinguish his mother from others." This means that at the age indicated the ability to at least identify an object was manifestly present; which ability implies the re-

tention in the memory of an idea or mental image; for without the possession of memory the identification of an object seen before would be impossible.

When a child can identify its mother it must certainly be possessed of the ability to recognize differences too; for if there is no ability to recognize differences, of course, it would be impossible to distinguish an object seen before from others. Hence there is sufficient reason to believe that as early in life as the sixth week after birth the basal intellectual faculties, namely, the power to recognize likeness, the power to recognize difference and memory, are present, but, to be sure, only in their incipiency, even in the brightest of children.

It is recorded of the child that at seven weeks of age he would smile on being tickled. Far earlier than this smiles were observable, but likely they were not expressive of pleasurable feelings. Mr. Darwin's child manifested a sense of pleasure by smiling on the forty-fifth day. It is probable, however, as stated already, that considerably before the seventh week both pleasurable and unpleasurable feelings are experienced to a degree. By the time the child was three and a half months old he indulged frequently in loud laughter. It has been said that taste is the first of the senses to yield pleasure and smell the last.

When the child was three months old he apparently made some effort to imitate sounds, especially that produced by pronouncing the syllable "goo." It is probable that any imitation of sounds which he then made had little if any intellectual basis. In the record of his child, Mr. Darwin remarks, "When our infant was four months old, I thought that he tried to imitate sounds, but I may have deceived myself, for I was not thoroughly convinced that he did so until he was ten months old."

When midway between his third and fourth months, the child appeared to know his name (Thomas); at any rate, when it was pronounced he would turn his eyes in the direction from which the sound came. Of the Darwin baby it is recorded that "he was not able even when a hundred and twenty-four days old easily to recognize whence a sound proceeded, so as to direct his eyes to its source."

The first evident indication of preference of persons was shown by the child a few days before he was four months old. On being placed in the arms of a stranger he made decided efforts to get away.

At three and a half months the child took

notice of his hands. It is probable that when this is done there is some sense of individuality, a dawning recognition of self as something distinct from other things. It is questionable, however, I believe, whether any child has a well-defined sense of individuality or self-consciousness until long after it is a year old, and in many cases a considerable time after use is made of the words "I" and "me." It is said by Preyer that in the fifth quarter a child may bite its own hand so badly as to produce crying; but I think it would be a very stupid child of over a year old who would do that. Tennyson speaks of this matter so interestingly that it is worth while to quote the following stanzas:—

"The baby, new to earth and sky,
What time his tender palm is prest
Against the circle of the breast,
Has never thought that 'this is I'."

"But as he grows he gathers much.
And learns the use of 'I' and 'me,'
And finds 'I am not what I see,
And other than the things I touch.'

"So rounds he to a separate mind,
From whence clear memory may begin,
As thro' the frame that binds him in,
His isolation grows defined."

On reaching the end of his seventh month the child could, in addition to being able to make various vowel and a few other sounds, say, "dada," "papa," and "baba." Before this period the sounds made were not of an articulate character. Six weeks later he could say "mama"—syllables which are erroneously supposed by most people to be about the first to be made use of by children—"dādā" and "dā." When ten months old he could pronounce with considerable distinctness the words "car," "girl," and a few others, and had undoubtedly some knowledge of their meaning. A week or two subsequently the phrases "take care," "bye bye" (good bye), and several others, were in frequent use by him. When a year old his vocabulary consisted of about a score of words. His power of speech was not remarkably well developed at the end of the year, but it was decidedly better than in many children, among them being Mr. Pollock's girl.

It is hardly necessary to say that there is no ground for the idea that a child tends naturally to speak what is ignorantly supposed to be the original language of the human race, namely, the Hebrew, an idea which I have often heard expressed. An infant at first has "no language but a cry," to use the words of Tennyson, and apart from, perhaps, some special adaptation of the organs of hearing and speech for the mastery of the language of its ancestors, due to inheritance, it tends to learn all languages with

almost equal facility. The knowledge of the names of things, and the ability to express ideas properly, are acquired gradually; and indeed such acquirements, in the nature of things, may go on improving for life. For a long time a child has more ideas than it has language to express, as every one familiar with children well knows.

At eight months and ten days old the child manifested clearly a sense of fear. On bringing a dog into his presence he had a strong desire to place his hand on it, but hesitated long before he actually touched it, and when he did touch it he recoiled from the animal quickly. But let it not be supposed that thus early, or even when a year old, he was alive, to any great extent, to more than a few special dangers. It may be reasonably presumed, however, that some feeling of fear may be experienced as soon as one sensation can be readily distinguished from another, as those produced by the sight of different objects. Any strange impression, if decided and made abruptly will excite fear.

In this connection, I may observe that the emotions of a child may be intense, but are, as a rule, short-lived. By diverting the attention, apparently great distress can generally be made to vanish almost instantly. This susceptibility to impressions, and changeableness of feeling of children should never be lost sight of by their attendants.

An entry in the record made when the child was nine months old runs thus: "It is easy to get him to relinquish anything he has by presenting something else that is novel;" and this is followed by the following inference: "Evidently his memory is yet extremely short." Obviously this is another peculiarity of young children which can be taken advantage of to good purpose in their management.

It was when between nine and ten months old that the child began to have an appreciable ability to take an interest in more than one thing at the same time. This ability gathered force slowly. When even a year old, he did not hold an object in either hand at once with great ease; he was greatly inclined to drop one or the other. In truth, the power to take an interest in two things at once is not very decided in many that are several years old.

It was not until the child was nine months old that he gave any clear indications that he understood anything that was said to him. When asked then, "Where is the little boy?"—meaning a little picture which he had long been in the habit of looking at—he would look and point at

it. Three months before that, when a person held out the hand and said, "Shake hands," he would extend his; but it is, perhaps, certain that he did not do this as an intelligent compliance with a request. But for some time expressions of approval or disapproval were understood in a measure. At nine months it is said of him in the record, "The tones in which he is spoken to are evidently well understood and have been for some time;" and again "It is easy to teach him what he may or may not do. He will not take hold of forbidden things."

As has been implied in preceding remarks, when the child was at the end of his first year he was but to a very limited extent subject to the guidance of intelligence; he understood but little of what might be said to him, and that little was understood very imperfectly. This is equivalent to saying that children under a year old must be guided almost wholly otherwise than through the intellect. Anything which such children may do from time to time, of their own accord, that is proper, is done mainly through habit; it is done for the most part automatically. Hence, it is extremely important to inculcate good habits. Happily, this is easily done, as already intimated; and it may be begun almost at birth. Let the infant be led to behave for a time or two as desired, and it will afterwards do so of itself. Especially in reference to sleeping and feeding at set periods, can force of habit be brought into play to great advantage.

From remarks made it is evident that at the end of his first year the child's mental activity was decided. His different senses were then alive to impressions, and his emotions and intellectual and volitional powers were all of more or less force. Very much did he at that period, and considerably before, enjoy exercising his powers. And when it is done agreeably and gently, and not carried to the point of excess, it is advantageous for a child to exercise all its good powers, for in this way do they become stronger and more subtle. Such exercise should, of course, be encouraged, and the proper direction of it is or should be regarded as the main part of the art of education, household and otherwise.

I will now conclude. I have made a considerable number of remarks; but many more might be made without exhausting my theme. I would express the hope that what I have said in this essay, and the one referred to above, will lead many another to indulge in similar study. Such study well repays the observer by the pleasure it affords; and the welfare of the infants of the race is clearly bound up with it, which, of course,

means, eventually, the welfare of the whole race. Well, indeed, is it, then, for every little innocent's parents to take an active interest in it, or, as the poet (Montgomery) says—

"To mark its growth from day to day,
Its opening charms admire,
Catch from its eye the earliest ray
Of intellectual fire;
To smile and listen while it talks,
And lend a finger when it walks."

IDIOPATHIC RETRO-PHARYNGEAL ABSCESS.*

BY ALEXANDER W. M'COY, M.D.,
Of Philadelphia.

In making some remarks upon the subject of retro-pharyngeal abscess, the writer is aware that the subject has received masterly treatment at the hands of some of the most distinguished surgeons of the past, as well as from those of our own time.

It is not with the intention of adding anything new concerning this affection that this paper is written. All the writer wishes to offer is the report of a case, of idiopathic origin, which came under his care a few months since; and also call attention to this rare and interesting pathological condition.

In the early part of August, 1881, John Carlin, aged 24, native, single, and a printer by trade, first presented himself for treatment at the Throat Department of the Jefferson Medical College. His statement was to the effect that he had always enjoyed good health, had not contracted syphilis, and had a good family history.

In November, 1880, after having played upon a trombone, the exercise was followed by a considerable hemorrhage from his lungs, which continued to recur in less amount for several days, but which yielded readily to treatment, and he suffered no injury to his health; nor did he lose any time from his occupation. In July, (one month previous to his presenting himself as a patient at the Throat Department of the Hospital) he was on a fishing excursion down the Delaware. His boat came in contact with a schooner; to save himself he jumped into the river and swam ashore.

One week after this accident he first noticed stiffness in his neck, which made rotation or flexion of his head painful. A few days afterward he began to find deglutition difficult and his "food stuck in his throat" (as he expressed it) and was regurgitated soon after. When he attempted to swallow fluids they came out of his

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nose. He suffered much from severe pain in his throat, which at times was of a lancinating character, shooting up into and behind the ear. This sharp pain was greatly increased on movement of the head. All these symptoms continued, gradually increasing in severity up to the first visit to the hospital—one month from the date of his first symptoms.

On examination with a good light, the wall of the pharynx, on the right side, was seen to be of a dusky mottled-red color. There was great bulging of the back of the pharynx on the right side. This bulging extended half an inch above the soft palate. The swelling increased in prominence from above downward, until on a level with the top of the larynx, where it appeared greatest. The swelling filled up the space on the right side of the pharynx, and extended well over the median line. The redness was extensive with the bulging, and was sharply defined where it ended. There was not the slightest swelling or oedema of the adjacent tissues.

On examination with the finger, the swelling was found to be elastic. Fluctuation could be readily felt on moderate pressure along the whole swelling.

This bulging gradually increased downward, encroaching upon the space of the gullet, until, when opposite the superior margin, and to the right of the larynx, the tension was so great that the finger could not be pressed further. The swelling appeared to be confined to the right side, for the most part, and no swelling or oedema of the epiglottis or larynx could be felt.

Laryngoscopy revealed the same conditions, but owing to the encroachment of the swelling a view of the inside of the larynx could not be obtained. His voice was unimpaired.

The treatment consisted of a small longitudinal incision with the bistoury in the upper third of the swelling. This gave rise to a free flow of white, creamy, inodorous pus. The dependent part of the abscess was emptied by pumping it out with the end of the finger, slowly pressed on it from below upward, until the contents were evacuated. This manœuvre was repeated three times a week, as the pus accumulated from time to time, until, at the end of twenty-four days the sac of the abscess had become completely closed. The tissues remained thickened. A firm ridge could be felt over the entire tract of the former abscess. This gradually disappeared. On examination one month afterward the tissues appeared normal.

Remarks.—This case appears to coincide with the experience of Bokai (whose very valuable

and unique paper upon this subject is quoted so frequently by writers) in *this*, that it occurred *idiopathically*. Bokai's report is exceptional in showing such a large percentage of idiopathic cases, so many recoveries, as well as such a large personal experience.

Of 144 cases seen by him, all but 13 were idiopathic. In this record he differs totally from all other observers, who believe that the greater number of these cases are caused by disease of the vertebræ, and who make syphilis the prominent factor in its causation.

HOSPITAL REPORTS.

COLLEGE OF PHYSICIANS AND SURGEONS, NEW YORK.

CLINIC OF FRANCIS DELAFIELD, M.D.,
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Perinephritis and Cirrhosis of the Liver.

GENTLEMEN:—This patient is a boy, sixteen years old, who was admitted into the hospital September 20th. He is a printer by trade, and has been in the habit of standing in front of a printing press and leaning over to feed it. For some time past he has had slight pains in the abdomen and side, and he has ascribed these pains to the position in which he worked; but still he was pretty well until a week before his admission into the hospital. At that time he began to have very severe pains in the right iliac fossa, and he at once felt very sick, very much prostrated. He had repeated rigors, followed by febrile movement, and he had headache. To repeat, a week before his admission he was taken suddenly sick with rigors, with a febrile movement, with marked prostration, and with very severe pain referred to the right iliac fossa. The pain and the febrile movement continued, and there was some cerebral disturbance. He was delirious, especially at night. His bowels did not move at this time. He continued in this condition until he was brought into the hospital, with the exception that the constipation which had previously existed was succeeded by temporary diarrhoea. When the patient was brought into the hospital it was evident that he was suffering from a serious illness of some kind. He complained of the pain in the abdomen, which he referred to the right iliac fossa, very bitterly, and there was also very marked tenderness, and the patient lay in bed with his thighs drawn up, apparently to relieve the pain. No tumor could be felt in the abdomen. There was some tympanites. His temperature at this time was 102° F., his pulse 100. The patient was put partly under the influence of opium, and was in this way made more comfortable; but his temperature continued high, ranging between 102° and 104.2° F. The bowels were sometimes loose, sometimes constipated. The pain in the right iliac region still continued, although no tumor could be felt there. Matters continued in this condition until the 25th of September, when it was noticed that

the right lumbar region behind was becoming fuller than the left; that the skin and subcutaneous tissue felt oedematous, and it seemed that there was an abscess deep down in the tissues of the back. The temperature during this time continued pretty high, and the prostration was still marked. On the 26th of September an incision was made over this swelling in the right lumbar region behind, and when some depth had been reached a large amount of fetid pus was discharged. The opening was made pretty free and a drainage tube was inserted, so as to allow the pus to escape. The gentleman who made the incision introduced his finger and found that the cavity of the abscess was large, and he thought the kidney was pushed forward. The patient was made more comfortable by this operation; the temperature fell and his general condition improved. Since then he has been going on in very much the same way; when the discharge from the abscess is free his temperature falls to normal, and his general condition is good; but from time to time the drainage of the abscess appears to be no longer complete; there appears to be an accumulation of pus, and then the patient's condition is not so good; his temperature runs up, and he does not do so well. This abscess, therefore, has not yet healed up; it still discharges pus, and shows from time to time an inclination for pus to accumulate in it, and then the temperature runs up and the patient's condition is worse.

As we look at the boy at the present time, his appearance is not bad. He is rather pale, but his lips are of a fair color; he is somewhat emaciated, but not very much so. The drainage tube is still in the place where it was first inserted, in the right lumbar region, a little above the crest of the ilium, and the internal end of the tube points upward, showing that the pus cavity is up in this direction. The abscess, therefore, lies up about under the twelfth rib on the right side, pretty close to the spinal column.

Now, what is the diagnosis? "Perinephritis." That is highly probable. Does anything else suggest itself. "Perityphlitis." That is possible. "Psoas abscess." That is not likely. "Perforation of the colon." The history does not point in that direction. "Caries of the spine." That is not likely, with the previous history of the patient.

Perinephritis and perityphlitis are the two conditions that the diagnosis lies between. It is pretty certain that it is one or the other. To be more exact, we want to know exactly what is meant by the terms perinephritis and perityphlitis. By perinephritis we mean suppurative inflammation of the connective tissue about the kidney, usually behind it; and by perityphlitis we mean suppurative inflammation of the connective tissue about the vermiciform appendix. In neither case need the kidney or the vermiciform appendix themselves be involved in the inflammation. These parts may be involved, but it is perfectly possible to have inflammation of the connective tissue about the appendix or kidney without their being involved at all. In this particular patient there is no reason for supposing that there is any disease of the kidney, or of the appendix, but there is reason to believe there is

suppurative inflammation of connective tissue. Well, when we get as far as this we have really gotten about as far as we can go. If you make up your mind that you have a case of suppurative inflammation of connective tissue situated just behind the peritoneum, it really is a matter of very little consequence whether this connective tissue is behind the kidney or whether it is behind the vermiciform appendix, and in either case the situation of the inflammation would be very nearly the same, for there is only about an inch distance between these two portions of connective tissue. If we start with the supposition, which is probably the correct one, that neither the kidney nor the vermiciform appendix has anything to do with the matter, you observe that we come to the fact of a local suppurative inflammation of connective tissue without known cause. We do not know why a person gets up a suppurative inflammation of this particular part of the body, and whether it occurs about the appendix or about the kidney is a matter of very little consequence. The process is essentially the same in the two conditions. Generally speaking, however, if the inflammatory process involves the connective tissue around the appendix the tendency of the collection of pus is forward, and when the abscess is opened it is usually opened in front, not behind. On the other hand, when the connective tissue about the kidney becomes involved, the tendency of the pus is to burrow backward into the muscles of the back, and when the abscess is opened it is opened through the skin on the back. For this reason I should infer that in this case the inflammation has existed in the connective tissue about the kidney, and not about the vermiciform appendix, although I cannot at all deny the possibility of the latter being the case.

No pus has escaped with the patient's stools, and we may conclude that the colon has not been involved. Whether the pus be situated in the connective tissue about the kidney or about the appendix, it is always possible for it to perforate the caput coli, and for the abscess to empty itself into the large intestine in this way, and its contents be discharged with the stools.

Now, what are we to apprehend in this case? This abscess has been open and discharging pus since the 25th of September, but sometimes not freely, and at those times the patient has febrile movement. "We have to fear pyæmia, perforation of the peritoneum, resulting peritonitis." Those are two real and serious dangers to be apprehended, pyæmia and peritonitis, from perforation or extension of the inflammation. Is there any other danger? "Empyema." Yes, that is possible. "Amyloid degeneration." Yes, if the case should go on in this way, not developing peritonitis, septicæmia, nor empyema, and yet the suppuration continuing, there would be serious danger of there developing amyloid or waxy degeneration of the different viscera.

Now, what can we do to lessen the probability of these dangers? Here we come, perhaps, rather to a surgical than to a medical question, and yet it is a question which might arise in the medical practice of any one of you. "Enlarge the opening." The opening has been enlarged several times and yet the emptying of the abscess

is not satisfactory; and the cavity was washed out through a drainage tube, with antiseptic fluid, and yet that does not prove satisfactory. "Give the patient constitutional treatment." Well, after all, the trouble is local, not constitutional, and if the local trouble cannot be improved there is no constitutional treatment that will make any difference in the case. Of course, however, the boy should be kept in as good condition as possible. "Injections of iodine." I do not know that injections of iodine would be likely to do any more good than injections of carbolic acid. You would be afraid to inject strong iodine, and weak iodine would simply act as does carbolic acid, as an antiseptic.

Well, it seems to me that what is needed is a counter opening.

I think the trouble is, and it is a trouble which cannot be gotten rid of as things are at present, that the abscess has never been fairly emptied. You would say, very naturally, that the position is not at all a favorable one for a counter opening, and yet I think it would be quite possible to make one. In order to do that you would remove the drainage tube and introduce a blunt-pointed probe into the opening, upward and sideways, not backward, and try to bring the blunt point pretty near to the skin without risk to the peritoneal cavity, then cut down upon the point of the probe and introduce a drainage tube from one end of the wound to the other. Then it would be possible to wash out the cavity. Of course, I do not know, not having tried it, that this could be done, but without a counter opening it will continue almost impossible to wash out the cavity of the abscess thoroughly, and remove all the pus from every little pouch, and until this can be done there is little hope for improvement in the patient's condition.

Cirrhosis of the Liver.

You may remember that last week I showed you a young man who was very dropsical; there was very great distension of the abdomen, there was some oedema of the legs, and the history was that of cirrhosis of the liver, which had developed pretty rapidly, which had been accompanied by marked dropsy and by marked depreciation of the general health, and there were at the same time some changes in the urine, and I told you that the patient was a good example of that form of cirrhosis in which there is developed both dropsy and change in the nutrition of the patient. Both of these symptoms were very marked, and though we could not make out the size of the liver by either palpation or percussion, the dropsical effusion being so great, we remarked that it was probably quite small.

The patient died a few days later, and here is his liver, presenting a characteristic hob-nail appearance, and quite small. The spleen is very much enlarged, as you would expect in cirrhosis. The kidneys, which we supposed at the time would turn out to be atrophic kidneys, are not atrophied; they are nearly of normal size; but, although this is the case, they still belong to the atrophic variety of chronic diffuse nephritis. It is the atrophied kidney still in the earlier stages, before the kidney has become diminished in size.

I now present to you another patient, a man fifty years of age, who has been in the hospital a long time—since 1879. The first trouble which he had was swelling of the abdomen, and he had with this some dyspnoea, a little disturbance of the general health, and a little jaundice. He also was troubled with the piles. Since that time up to the present, he has been in the hospital on and off, and has been tapped repeatedly. After being tapped he is relieved for a time, then the abdomen again becomes distended with fluid, when he is re-tapped, and this has been going on now for several years, and yet you will observe that at the present time the patient's condition is good. You will observe that he now has considerable ascites, that his general appearance is good, his lips are of a fair color, and he is not particularly emaciated; his liver is diminished in size, his spleen is somewhat enlarged. There is no oedema of the legs.

This, then, is another case of cirrhosis of the liver which has caused ascites, and has lasted for a considerable length of time. But why his general condition should be good, while that of the former patient was so bad, is a question. If we could see this man's liver and spleen, we should probably find them in very much the same condition that we found those organs in the other patient, and yet in that patient the general condition was very different from what it is in this. Now, what is the reason of this? "There is very little functional disturbance of the liver in the last case." Yes, the liver, although it has undergone marked anatomical changes, is still able to perform its functions. This is a curious experience, although we are constantly meeting with it; we find the same fact to hold true with all the different viscera—with the brain, the heart, the lungs, the liver, the kidneys, the stomach, the intestines, that whenever these are the seat of an anatomical lesion there is greater or less disturbance of function, but the disturbance of function is not by any means always in proportion to the extent of the anatomical lesion. Why there should be this difference we do not know, but it is a thing which we are constantly meeting with, and it therefore becomes a matter of practical consideration. This man and the man whom you saw the other day, furnish two very good examples of it; both of them being patients suffering exactly the same anatomical lesion. I suppose that the anatomical lesion is just as far advanced in this man as it was in the other patient. In both patients there was the mechanical result of the anatomical lesion (dropsy), but in the former patient there was, in addition to this, a change in the general health, so great that the patient evidently died from want of nutrition; and in this second patient, in spite of the dropsy, the general health has continued good, so good that the man really would be well enough to go to work if it were not for the dropsy.

Then, in this last case you have a very good example of cirrhosis of the liver, of which dropsy alone is a symptom, while in the other patient you saw an example of cirrhosis of the liver in which both dropsy and disturbance of the general health were marked symptoms.

The patient whom I shall next show you is a man, fifty-four years of age, who was admitted

into the hospital on the 29th of November. The patient has been habitually intemperate, but still his health was good enough, or he considered it good enough, until the 19th of November, ten days before he was admitted into the hospital. Then he suddenly vomited up a large amount of blood, and for several days after this his feces were of a black color, as if stained with blood. This vomiting and this discharge of blood with the feces continued up to the time of his admission into the hospital. When he came into the hospital he was very feeble and very anæmic, and, as you see, he is rather white now, but he was very pale indeed, when he came into the hospital; both the skin of the face and the mucous membrane of the lips were exceeding pale, as if he had lost a large amount of blood. He was a little delirious. The temperature was 99.5° F. The specific gravity of the urine was 1.012, contained no albumen and no casts. He continued in this condition, very feeble, very anæmic and delirious, passing blood from the bowels, but no longer vomiting, until the 4th of December. Then the blood movements from the bowels ceased. The delirium, however, continued, although he was gaining strength and improving, and at the present time you will observe that he is able to sit up and walk about. His mental condition is better than it was; he is no longer delirious, but still his mental condition is not perfectly satisfactory. His color at the present time is pale, but he is not very much emaciated.

On physical examination, we find that the liver is a little increased in size, the heart is in its natural position, and only an anæmic murmur can be heard; the spleen is enlarged.

Now, what is the matter with the man? "Cirrhosis of the liver." On what do you base your diagnosis? "Disturbance of the function of the liver, enlargement of the spleen, hemorrhage from the stomach and intestines." He has an enlarged spleen, which would go with cirrhosis of the liver. He has had bleeding from the stomach, which is one of the symptoms of cirrhosis. The blood that was discharged by the stool I should suppose did not come from the intestine, but from the stomach; when passing into the intestine it was discharged through the rectum. Why should you suppose that there was functional disturbance of the liver? "He is somewhat emaciated and has some cerebral disturbance." He is not much emaciated, and the cerebral disturbance we might leave out of the question, there being other means to account for that, which we need not enlarge upon at present.

I think the only positive things we have, leaving out the cerebral condition, are the fact that he vomited a good deal of blood, so much that he became very much reduced, from anæmia; that this bleeding continued for about a week and then stopped, after which the patient began gradually to improve, and he has been improving up to the present time. More than this, there was no evidence of disturbance of the stomach; he had no pain about the stomach, he did not vomit except when he vomited blood, and he eats well enough at the present time. So that the case, after all, is one of bleeding from the stomach. The question, then, is, what is the

cause of this bleeding. Cirrhosis of the liver is one cause which has been suggested as probably existing; is there any other? "There might be ulcer of the stomach." Yes, that, of course, may give rise to bleeding, and it may do so without there being present any other symptom; but still the rule is that when the patient's stomach is loaded he does have other symptoms in this condition; that he has vomiting and pain. Yet it is possible for a patient to have ulcer of the stomach and give no evidence of it but vomiting of blood, but the rule is otherwise. "Congestion, from an excess of alcohol." By that you would rather mean a chronic gastritis. That is a possible cause, but in that case the patient would be likely to bleed at different times and in moderate quantity; and then, too, we are apt to have other symptoms of chronic gastritis. "Malarial poisoning." Malarial poisoning, as a cause of bleeding from the stomach, I do not think we know much about in New York. "Cancer of the stomach." The patient is fifty-four years of age; an age at which cancer may occur, and this disease sometimes behaves in just the above manner; it will give no symptoms at all until the patient suddenly loses a considerable amount of blood from the stomach. Against that, however, is the absence of a cachexia, and the fact that the man has improved so much since the vomiting stopped.

The things which it would be possible for him to be suffering from are, cirrhosis of the liver, with obstruction to the venous circulation of the stomach; ulcer of the stomach; chronic gastritis; cancer of the stomach; and of these different conditions, the one which I consider most probable, taking the whole history of the case into consideration, is that of cirrhosis of the liver, with obstruction to a branch of the portal vein coming from the stomach.

So that you will observe this man furnishes us with still a third variety of cirrhosis of the liver; a variety in which there is no ascites, in which there is no interference with the function of the liver, in which there is simply interference with one part of the portal circulation, that coming from the stomach, and which has led to hemorrhage from the stomach and the man's present anæmic condition.

MEDICAL SOCIETIES.

TRANSACTIONS OF THE OBSTETRICAL SOCIETY OF PHILADELPHIA.

Stated meeting, March 2d, 1882, Richard A. Cleeman, M.D., in the chair.

Mechanical Dilators in Gynaecological Practice.

Dr. Chas. H. Thomas had used the Ellinger dilator, and had been very much annoyed by a bad fault in the form of the blades. As soon as the instrument is opened the uterus shows a strong tendency to slip away from the dilator. This is due to the form of the outside edges of the blades, which gives to the dilator a wedge shape, with a difference of ten millimeters between the measurements of the base and apex. Conicity in uterine dilators is a dangerous quality; the instrument tending to slip in the direc-

tion of the base of the wedge. If the dilator when in use slips out of the grasp of the cervix it is likely to produce laceration; while if it slip inward, as most dilators tend to do, it will wound the fundus uteri.

Dr. B. F. Baer said he had found the same objections, and had tried to overcome them by having an instrument so made that the mechanism by which the blades are separated is placed in the blades themselves, close to their points, and entirely concealed when they are in contact. This gives great power to a small instrument, and as the outer surfaces of the blades are perfectly parallel, and cannot feather, because of the position of the separating mechanism, the instrument does not slip out. I do not now need a tenaculum to hold the cervix in place, which is a great advantage. I have also had the handles bent down so that I can see just what the instrument is doing, and by a screw, so placed that it can be worked on the left with the left hand, while the right hand holds the handles and separates the blades, the dilatation can be done slowly and deliberately, with less tendency to slip out, and with less pain than with the old instrument.

With regard to the result of dilatation of the cervix for the cure of sterility, my experience is based upon the treatment, by dilatation with the steel instrument, of more than two hundred women who were sterile because of a defect in the calibre of the cervical canal, either from stenosis or flexion, resulting from imperfect development. Where the sterility was the result of obstruction, dysmenorrhœa was almost invariably present. This experience leads me to the conclusion that, although the canal is made so patulous by dilatation as to markedly improve the dysmenorrhœa, and in many cases to cure it permanently, the sterility remains, in the vast majority of cases, if the patient has been married more than three years before coming under treatment; and, if she had attained the age of twenty-six, or twenty-seven years before marriage, then, though she come under treatment immediately afterwards, she will very likely be sterile. This will apply to the great majority of cases, but not to all. I think the reason may be stated as follows: The long continued hyperemia of the uterus, the result of dysmenorrhœa, which probably existed from puberty, and especially from the non-fulfillment of the sexual function by conception, gives rise to such changes in the histological elements of the uterus that, instead of the organ being muscular, and therefore possessing its natural resiliency, elasticity and suction power, it is hard, fibrous, and non elastic. The mucous membrane lining the cavity also becomes so changed in its character that, if fecundation should take place, there is not a proper nidus furnished for the reception of the ovum, and it passes off without forming an attachment. The tissues of the fallopian tubes are likewise changed, and the tubes narrowed in consequence. This might explain the persistence of the sterility after the dysmenorrhœa has been relieved by dilatation of the cervix.

Dr. J. C. DaCosta had modified the Ellinger dilator by having the blades made very stiff and with a knob at the extremity, as in the uterine sound. When necessary he makes use of counter

pressure over the fundus. In some cases he uses a small instrument first, to enable him to introduce the more powerful one through the internal os.

Respecting the statement of Dr. Baer, as to the incurability of sterility of three years' standing, he had recently had under treatment a lady who had one child seven years ago, but had since been sterile; the uterus was sharply anteflexed; a dilator was used for the relief of the flexion, and three months later the patient exhibited all the early signs of pregnancy.

Dr. Baer remarked that this case was not one of the class to which he had alluded. This patient had had a child, and anteflexion, probably the result of sub-involution and endometritis, was the cause of the sterility. Failure occurs in cases which have never been pregnant, and in which the uterus is enlarged, hard and changed in its histological character. He thinks it desirable to avoid multiplicity of instruments, and to have one dilator small enough to enter any os, and so arranged as not to yield to any pressure, but under all circumstances to preserve the parallelism of its blades.

Dr. Thomas thought that one reason why the sponge tent did good work, was because it worked slowly and continuously. Four years ago he made drawings of a modification of the steel dilator, to accomplish the same end. The instrument was made somewhat shorter than the ordinary one; the blades were absolutely parallel on the outside edges and were approximated by means of a screw passing through a slot in one handle and attached to the other. A milled head traversed this screw, and between it and the handle of the dilator was placed a spiral spring or a soft-rubber pad. This instrument was intended to remain *in situ* for twenty-four hours, the spring making the action gradual and continuous, one or two turns of the screw being given every two hours by the doctor, or nurse properly instructed. The doctor thought that in this manner he could secure many of the advantages of the sponge tent, and at the same time avoid its dangers.

Dr. R. P. Harris had recently seen, in a foreign journal, diagrams of a very neat instrument to accomplish the same purpose. It consists of a C-shaped spring, to the ends of which are attached blades long enough to pass through the internal os. The fingers pressed upon the top and bottom of the C closed the instrument for insertion. Its action would be regulated by the strength of the spring. To obviate the danger of slipping too far into the uterus, a dilator with diverging blades could be furnished, with shoulders to rest against the cervix. The divergence of the points of the blades he considers an advantage; the feathering reduces the apparent divergence in use, and that which remains helps to retain the instrument in place, particularly if the blades are furnished with shoulders. The dilating power is strongest where it is most needed, at the internal os. To meet an objection advanced by Dr. Thomas, he suggested that the shoulders might be made movable, to suit uteri of different depths. In every case in which a dilator is used the patient should be kept in bed until the direct effects are over.

He had recently under observation a case of dysmenorrhœa in which the dilator was used without effect, but in which a sponge tent effected a cure.

Dr. Baer thinks the blades should be parallel, and that dilatation should be uniform, without regard to the point of greatest constriction. Too much should not be expected from the dilator; a case of dysmenorrhœa could not be cured by one treatment; it is by the repeated use of the dilator, at proper intervals, that the best results are to be secured. As an instrument it replaces a set of graduated sounds, and the original inventor must have had that object in view. The contractility of the uterus must be overcome gradually; even when tents are used contraction will recur. The advantage of the dilator lies in its comparative freedom from danger, and in being less troublesome to the physician. It is indicated whenever there is constriction from any cause; for if there is not good drainage for uterine discharges, there will surely be irritation, resulting in endometritis.

The effect of the dilator on hypertrophy is the same as with sterility; if of long standing it is not curable; after the hard, fibrous stage is reached no reduction results from its use. But if the condition is recent, and the enlargement is of the muscular elements, or is due to engorgement, a cure may be secured; because here we have nearly the same condition which exists after labor, viz: a muscular uterus, having the power to contract and involute. I do not believe that chronic hypertrophy of long standing will, as a rule, yield to any treatment, but the symptoms to which it gives rise can be relieved, to a very great degree, in most cases.

Dr. Albert H. Smith regrets that Dr. Baer has not seen the admirable effects of the sponge tent on uterine hyperplasia. If you use a steel dilator in the uterus it can remain but a short time, practically not more than five minutes, giving a sudden mechanical dilatation, accompanied by probable rupture of the hardened fibres of the cervical canal; but it cannot give that stimulation to the contractility of the uterine muscles and to cell action that results from the use of the sponge tent, when no inflammatory action is existing. There is great resistance at first, but after the lapse of forty-eight hours the internal os and uterine walls have relaxed, spasmodic contraction ceases, and the vital power and muscular contractility of the uterus are developed by the presence of a foreign body which the natural powers will try to expel. Just as you have after the expulsion of an ovum a physical atrophy of the uterus, so you will have a similar action set up by the presence of a sponge tent in the cavity of the uterus. No such result could be secured by the use of a steel dilator; the latter must lacerate and leave surfaces ready to absorb septic matter, while you have not the advantage of the presence of the salicylic acid or other disinfectant present in the tent; the latter, expanding slowly, is not likely to cause laceration. The too early removal of the tent, while the spongiotubes are fast in the uterine tissue, may leave an abraded surface, but after forty-eight hours the tissues have shrunk away and the sponge comes away easily.

Dr. Smith read the following letter from Dr. Mundé:-

"MY DEAR DOCTOR:— * * * *

"Remembering your remark with regard to the absence of proper dilatation of tupelo-tents, I procured a number from Tiemann & Co., and dilated them in tepid water. I send you by this same post four different sizes, dilated and undilated, and also two perforated, zinc-lined tents—to be worn during the period, for dysmenorrhœa—one before the other after dilatation.

"This amount of dilatation was reached within one hour. Certainly no fault can be found with the expansion of these tents, since it will be seen, on comparison, that all the tents have swelled to fully double their compressed size and have retained their expansion on being dried. It may be objected that this full dilatation would probably not take place if a resistance were offered, as in the uterine canal. While I partly admit this, still I have, within a month, had reason to use the largest size, to dilate a uterus, and secured quite as much expansion as shown by the accompanying tent. The softness of the wood allows of their being whittled to any size and shape.

"I also send a tent dilated *in utero*, which shows some contraction at the site of the internal os.

"I presume that the failure of your tents to dilate may have been due to their having absorbed moisture from the atmosphere. They should always be kept wrapped in air and watertight paper. Tiemann & Co. tell me that all their tents are compressed to their utmost by machinery.

"As for the other forms of dilatation, I have used the steel two-branched dilator of Ellinger, almost exclusively; I found it too difficult to force the graduated hard rubber sounds through the cervix, if it is virginal and hard; the tenaculum tears out and the force is too great. I have dilated in hospital and private practice (with two-branched dilators) in about one hundred and fifty different cases, probably some six to seven hundred times, chiefly for dysmenorrhœa and sterility, always in my office or dispensary. I have almost invariably relieved the dysmenorrhœa, temporarily at least, the sterility but rarely, although my later statistics on this point are meagre. I have but one bad result, pelvic peritonitis, and then curetting and tincture of iodine to the endometrium were also employed, either of which might be blamed. I prefer steel divergent dilators for temporary, tupelo-tents for permanent results. Slippery-elm tents dilate but little, but I have found them good in dysmenorrhœa, to render the canal patent."

Dr. R. P. Harris is using cylindrical sponge-tents, coated with salicylic acid, and finds that they have a local anaesthetic effect on the lining membrane of the uterus.

Dr. A. H. Smith, of the steel dilators which he has tried, prefers the instrument devised by Dr. T. G. Thomas, in which the blades are separated by being drawn into a canula by screw action. It is, however, difficult to clean. He has found the handles of Dr. Elwood Wilson's dilators very much in the way when the uterus is anteflexed.

Dr. Baer remarked that he was much in-

structed by Dr. Smith's remarks. He was surprised at the time—forty-eight hours—that a sponge-tent could be allowed to remain, and its effect in the disintegration of abnormal tissue without the development of the septicæmia. He finds it hard to believe a change could ensue after the uterine walls had been changed to hard, fibrous tissue; but experience is the best teacher.

PHILADELPHIA LARYNGOLOGICAL SOCIETY.

Reported for the MEDICAL AND SURGICAL REPORTER, by Dr. George T. McCracken, Sec'y.

Stated meeting, held Friday, January 27th, 1882, Dr. Cohen in the chair.

Dr. McCracken exhibited a case of Bilateral Paralysis of the Abductors, of which he gave the following history:—

F. G., aged 30 years, marble polisher, had chancre in 1871. Six or seven weeks after had typhoid fever, from which he made a good recovery, and felt well until the fall of 1876, when he caught cold. Since then he has had cough, with muco-purulent expectoration; has lost flesh, especially during the years 1878 and 9, but since that time has held his own. In the winter of 1878 and 9 he first noticed hoarseness, but without any soreness or pain in the throat. Difficulty in breathing commenced in May, 1880, and has steadily increased up to the present time. He has never had any secondary or tertiary manifestations of syphilis, and never complained of headache.

Present condition.—He has cough, with white, tough expectoration; there is inspiratory stridor, which is hardly noticeable when he is sitting, but the least exertion makes it very marked. There is evidence of old trouble at the left apex. On inspection, the epiglottis is found to be somewhat bound down on the left side by an old cicatrix. The vocal cords are reddened and thickened, and the chink between them is about $\frac{1}{2}$ inch in width. In the act of vocalization the cords approximate, but during inspiration they do not move, and on deep inspiration, when the stridor is well marked, the cords retain the same position and are seen to vibrate.

Diagnosis.—Bilateral paralysis of the abductor muscles of the vocal cords, due probably to syphilitic disease of the brain.

In the discussion of this case Dr. Cohen said that the case was interesting on account of the presence of local and central lesions in the same organ, and was probably unique.

Dr. Potsdamer then read the paper of the evening, "A Case of Papilloma on the Right Vocal Cord, followed by Acute Phthisis."

In the discussion which followed Dr. Cohen said that he remembered the patient, and that she had had two attacks of what Charcot calls laryngeal vertigo.

Dr. Cohen then read Dr. A. W. McCoy's, "Report of a Case of Idiopathic Retro-pharyngeal Abscess." (See page 318.)

On motion it was decided to treat this paper as though presented by a member of the Society, and in the discussion which followed, Dr. McCracken related a case of retro-pharyngeal abscess due to disease of the body of the cervical

vertebrae, in which the swelling in the pharynx occupied the entire right half, being limited by the posterior palatine arch and the median line of the throat, and in which there was an external fluctuating swelling.

Dr. Sajous related the history of a case which had come under his notice, and in which he believes the retro-pharyngeal abscess to have been of idiopathic origin. The swelling was to one side of the pharynx.

After a private session the rough minutes were read and approved, and the Society adjourned.

IOWA STATE MEDICAL SOCIETY.

Reported for the MEDICAL AND SURGICAL REPORTER, by the Secretary.

This Society met in its Thirtieth Annual Session, at Des Moines, January 25th-27th, 1882. The meeting was called to order at 10 A.M. by the President, T. J. Caldwell, of Adel, and was opened with prayer by Bishop John F. Hurst, D.D.

The following officers were present at the opening of the session: President, T. J. Caldwell, Adel; First Vice President, D. Scofield, Washington; Secretary, J. F. Kennedy, Des Moines; Assistant Secretary, L. C. Swift, Des Moines; Treasurer, G. R. Skinner, Cedar Rapids.

President Caldwell delivered his annual address at 2 P.M., to a large assemblage of the members. It was eminently practical, and he advocated preventive as well as therapeutic measures as the duty of the physician; and when the cause of sickness was ascertained it should be pointed out, and if preventable, removed. He pointed out the importance, as sanitary measure, of sewerage and drainage, and as a means of proper diagnosis, the use of the microscope. He also spoke of the importance of our annual gatherings being made of more practical advantage professionally.

The following papers were read during the progress of the sessions:—

Dr. A. Reynold, of Independence, on the "Plea of Insanity."

Dr. J. A. Blanchard, of Des Moines, on "Inversion of the Uterus," detailing a case, with the method of relieving it, and giving an interesting epitome of the literature of the subject.

Following this was a good, practical paper by Dr. J. Williamson, of Ottumwa, upon the "Disappointments of Country Physicians in the Practice of Gynaecology." The basis of his remarks was a case of ovariotomy that he had performed and that resulted fatally. The Doctor was led to think that with better sanitary surroundings, better nursing, and the more constant attendance of the physician, a different result might be obtained. The paper elicited quite a good deal of interest, and called out a free discussion, participated in by Drs. Peck, Robinson, of Cedar Falls, Simonton and others.

Dr. R. J. Farquharson, of Des Moines, Secretary of the State Board of Health, read a paper entitled "A Smallpox Hospital." The Doctor gave in detail the plan and specifications of a smallpox hospital erected under his supervision, at Davenport, combining neatness, adaptability and economy. The entire cost was \$2500. An animated discussion arose relative to the treat-

ment of smallpox, its prevention by vaccination, the particular advantage of such buildings as Dr. Farquharson constructed; and allusion was also made to M. Pasteur's experiments regarding the prevention of hog and chicken cholera by inoculation, as detailed by him in his remarkable paper read before the International Congress, at London.

A resolution was presented by the Secretary, adopted by the Dubuque Medical Society, regarding the care of the so-called "incurable insane."

Dr. M. W. Stone, of Wahoo, Neb., President of the Nebraska State Medical Society, was introduced by the President, and the courtesies of the Society extended him.

A paper on "Pyelitis Occurring During the Puerperal State" was read by Dr. L. C. Swift, of Des Moines.

After giving some cases, the Doctor emphasized particularly the advantages of the microscope in diagnosing this condition. It was discussed by Drs. Angear, Simonton, Robinson, Hazen and Carpenter.

Dr. Wm. Watson, of Dubuque, presented, through Dr. B. McCleer, a paper on "The Diseases Incident to Military Prisons, and the Influences by which they are Modified." The paper gave the result of his observations while Post Surgeon in charge of Confederate Prisoners, on Rock Island, and embraced several thousand cases. The paper was received, and owing to the absence of the author was read by title and referred to the Committee on Publication.

Dr. G. W. Beggs, of Sioux City, read a brief, pointed, practical paper on the "Management of the Newly-born Infant." He emphasized particularly the importance of wrapping the babe, as soon as it was born, in soft flannel, without washing, and letting it remain in that condition for ten or twelve hours. He believed the pressure to which it had been subjected *in utero* should be kept up for some time at least after birth, and hence advised the wrapping.

Dr. C. M. Hobby, of Iowa City, presented a paper on "Operative Procedure in Corneal Lesions," which was discussed by Dr. Young, of

Burlington, and Dr. Blanchard. It was referred to the Committee on Publication.

"Life—What Is It?" Was the subject of a paper read by Dr. J. R. Gorrell, of Newton.

A paper on the "Local Treatment of the Mucous Membranes" was presented by Dr. E. H. Hazen, of Davenport.

The second evening of the session was occupied by the Section on "Microscopy." Dr. J. J. M. Angear, of Fort Madison, exhibited a number of microscopes, and illustrated, by well selected mounted specimens, the power as well as the beauty of this wonderful aid in diagnosis and in pathology. He gave also an entertaining talk upon Microscopy. Dr. McIntosh, of Chicago, who was present, made some striking and brilliant exhibitions of the power of the Solar Microscope.

The Woman's Christian Temperance Union presented a Memorial asking the Society to appoint from its number a Committee, to prepare a paper or pamphlet embodying the views of the Society upon the use and abuse of Alcohol. The Society thought it impracticable to comply with the request, but passed a resolution expressing sympathy with their cause, and commanding the virtues they are striving to teach.

Thomas Dunn English, M.D., LL.D., of Newark, New Jersey, was introduced, and invited to participate in the exercises of the various sessions.

The Committee on Nominations made their Report, which was adopted.

Dr. C. M. Drumeler, of Panora, read, by request, a voluntary paper on "Fracture of the Skull."

All the foregoing papers, after being discussed more or less, were referred to the Committee on Publication.

The Treasurer reported a balance in his hands, after all bills of this session, of \$1847.60, and the annual dues were reduced to one dollar per member.

After passing the usual complimentary resolutions and thanks for special favors, the Society adjourned to meet at Council Bluffs, on the third Wednesday in May, 1883.

EDITORIAL DEPARTMENT.

PERISCOPE.

Floating Kidney.

Dr. Landau, of Berlin, has written a monograph on this subject, from which the *Medical Times and Gazette* makes a long extract, the salient points of which we take. A movable kidney is noticed about once in a thousand necropsies. To get at the causation, one must consider the anatomy of the parts, particularly on the right side, and the especial risks and liabilities of women who have borne children. The kidney lies in a nest; it is a retro-peritoneal

organ, receiving no true ligamentous fold from the serous covering of the abdomen, but kept in its place by the short and direct course, as well as mesial insertion, of its blood vessels, and by sub-peritoneal connective tissue on its upper surface, and a considerable bed of fat on its external and under surfaces. The anatomical causes of floating kidney may be briefly enumerated as follows: disappearance of the fat about the kidney, and consequent loosening of the peritoneum, especially rapid disappearance, as in acute fevers and acute phthisis; relaxation of the abdominal walls after pregnancy, or in consequence of large ovarian or other pelvic tumors;

prolapse of pelvic organs; tumors of the suprarenal and pancreas, and of the kidney itself. Among the physical causes are direct blows or injuries or repeated strains; coughing, especially where there is wasting of fat; tight lacing. The reason for the greater frequency of movable kidney on the right side, is because the right kidney is less closely and firmly fixed to the back wall of the abdomen, by the hepatic flexure of the colon than the left is by the splenic flexure. The important symptoms are caused by the traction or compression by the kidney, acting as a foreign body, upon nerves, vessels, and the viscera, and by functional disturbances. Hypochondrion is frequently observed, especially if the movements be palpable and constantly attracting notice. Hysteria is not uncommon. Circumscribed neuralgias, often flying about, and appearing even in the intercostal spaces, or on the opposite side of the body. The symptoms referable to the great vessels are rare, but oedema of the lower extremity of the affected side, from pressure on the vena cava, has been observed.

Disturbances of the digestive system vary, from slight dyspeptic pains to sickness, chronic catarrh, jaundice, and even to attacks like peritonitis. The movable kidney may become incarcerated (hernia) or twisted upon its axis; an accident which produces sudden symptoms, a sharp pain, followed by tenderness of the whole abdomen, giddiness, cold sweat, small pulse, shallow breathing. Sometimes there is nausea and frequent vomiting; the urine is dark and scanty, and may be mixed with blood; there may or may not be a shivering attack, and fever may be slight. The threatening symptoms reach their height from the fourth to the sixth day; recovery is marked by the excretion of copious, clear urine, of low specific gravity. The prognosis is favorable, and the author does not advocate the practice of extirpating the floating kidney. The operation appears to have been done six times, with an immediately fatal result in three of the cases. As in displacements of the uterus, and in hernia, the principle of treatment is to replace the organ, and, if possible, to keep it in its place. The latter indication is, of course, the chief difficulty, and the author says that a great number of complicated appliances have been devised to that end.

Contagious Pneumonia.

We have twice this year referred to this question, and we have now a third instance to offer.

Dr. W. A. Patchett, in the *Lancet*, says: Four brothers and a sister, all unmarried, lived together; they kept a farm, and had lived together at the house all their life. The house was well and healthily situated, on a steep hillside, and all the sanitary surroundings, ventilation and water supply, were everything that could be desired, so that there could be no suspicion of any septic epidemic pneumonia, or of pneumonia from blood poisoning. The previous health of each of them had been exceptionally good; in fact, they did not remember having had any illness previously.

On January 18th, 1876, I was called to James S., aged seventy-three, the eldest of the fam-

ily. I found him suffering from typical pneumonia, with crepitus over the front and consolidation of the base of the right lung, a temperature of 104.4° F., a flushed and dusky face, a pungently hot skin, short, hacking cough, with rusty-colored sputa. He had been ailing for three days, and began with shivering and pain in the side. The constitutional symptoms did not appear very urgent, but he rapidly got worse, and died on the 16th, or six days from the commencement of his illness.

On the morning of the death of James S., John S., aged sixty-six, who the day before had complained of rigors, complained of pain in the right side, and cough, with rusty sputa. He was found to be suffering from right pneumonia, which the following day had extended to the left lung. He also did not appear to suffer much, but he said he should not get better. The disease assumed an asthenic form, and he quickly sank, and died on the 19th, or in three days.

On the morning of the 20th Joseph S., aged sixty-three, complained of pain in the left chest, cough, with rusty sputa, and on examination, there was crepitus over the front of both lungs, and dullness over both bases; temperature 104°. The day before he had felt quite well, and was following his usual work about the farm.

On the evening of the 20th W. S., aged sixty-four, on going to bed complained of shivering and feeling cold, and the next morning, on my visit, he was found to be suffering from double pneumonia. In neither of these last two cases did the symptoms appear very urgent, but they were both very despondent, and had a presentiment that they would die the next day; and they did die on the evening of the 22d.

Miss S., the sister, aged sixty-one, had been in attendance on all her brothers during their illness, and she seemed to keep up her strength and health remarkably well; but on the 23d she was seized with right pneumonia, and she quickly sank, and died on January 26th.

As may be imagined, these cases created a profound sensation in the neighborhood, the popular opinion being that, as the brothers and sister had lived so affectionately together all their lives, the death of the eldest had so affected the others that they died "broken-hearted." Dr. Howard (who saw the cases daily with me) and myself were quite unable to explain such an occurrence. When the second brother sickened and died of pneumonia, we thought it was only a coincidence, and that probably nervous shock, caused by the death of his brother, had contributed to his death; but when the remainder of the family sickened and died, of a disease hitherto considered non-contagious, it seemed to point to something more than coincidence merely.

Vaccino-Tuberculosis and Vaccine-Syphilis.

Dr. J. Cappie Shand, commenting on this subject, in the *Medical Press and Circular*, says:—

A paper was recently read by Dr. Wolfe, at the Glasgow Medico-Chirurgical Society, in which he described a case of tuberculosis affecting the eye. He pointed out that a small particle of the tuberculous mass having detached itself,

gravitated through the clear fluid, and itself became the centre of tubercular development.

I would call attention to the fact that this case is of great importance in visually establishing the truth of the danger of transmitting that disease through the medium of vaccination from one individual to another. Moreover, as it is quite a recognized fact that local tubercle is developed by local inflammation, especially in the subject predisposed to tuberculosis, and bearing in mind that vaccination is a local inflammatory process, it becomes clear that a probability almost amounting to a certainty exists, that tubercle may be introduced to the previously healthy individual, through vaccination. Hence, it is necessary, before we take lymph from one infant to inoculate another, to examine, not only the condition of that infant, but also to inquire into its family history, which is practically impossible. Every one knows that an apparently healthy child may be tubercular, but this also applies to other diseases, notably to syphilis, and I may shortly substantiate my statement by recording the following case:—

Three years ago I was in attendance on the widow of a clergyman for a severely ulcerated leg. It did not look syphilitic, but as it would not yield to ordinary remedies, I afterwards used successfully the green iodide of mercury. I then obtained the further information that a child of hers contracted syphilis "through a wet nurse," and after the discharge of the latter the lady had a chancre on her mouth, the result of which I have just mentioned. This boy, however, although having an occasional rash, looked so healthy that one of our first medical men, who was then attending, expressed his urgent desire to obtain lymph from the child after being vaccinated.

All I have to say in favor of animal rather than humanized lymph is, that a breeder of cattle selects for breeding purposes those cattle which he considers healthy and free from disease, and consequently, I would expect greater immunity from hereditary disease among them.

I think syphilis may frequently be produced, as well as tubercle, and remain in the system for a length of time before being recognized; and I am further of opinion, with reference to vaccination, that it should be optional, although apparently desirable, and that it should be put upon such a footing as to prevent it from propagating such diseases as tuberculosis and syphilis.

Treatment of Pemphigus.

Dr. Charles Kennedy contributes to the *British Medical Journal* the following case and notes:—

A. C., aged 28, a shepherd, was admitted to the Royal Infirmary on December 5th, 1881. He was in good condition, and felt perfectly well, except for the annoyance of the skin eruption. His family history was good, and his circumstances comfortable; but he was often exposed to cold and wet in his occupation. The eruption covered the whole body, and had begun to appear a week before admission, in the form of red spots, on which bullæ soon formed and became rapidly larger, varying in size from a pea to a hen's egg. The bullæ were at first clear, but in

a day or two became opaque, and then burst, leaving excoriated surfaces, on which crusts formed. The patient was put to bed, and a layer of cotton-wool was put under the back, to keep the raw surfaces left from being rubbed. In order to soften the crusts which had formed over the rest of the body, a little vaseline was applied to them. The bullæ were punctured at the most depending part, the serum which they contained allowed to escape, and care taken that the raised epidermis was laid down flat on the derma, so as to form a complete covering for it. Around the bullæ, which had become opaque, and their contents puriform, there was a ring of inflammatory redness and a good deal of irritation; but when they were punctured while the contained serum was still clear, there was no such irritation, new epidermis formed beneath, quickly, and little or no discoloration of skin remained. The last crop of blebs appeared about a week after the patient was admitted; and a week later he was dismissed, quite better, with only a few blains on the site of the bullæ, which had been followed by crusts. No internal treatment by arsenic or other drug was adopted, no medicine being given except a laxative; and the patient was put upon ordinary diet.

At the clinical lecture on the case, Professor Maclagan stated, as the result of his experience, that acute pemphigus in a healthy subject, as in the present instance, needed nothing but local treatment, as described above, which opinion was confirmed by the result of the case; that in chronic pemphigus, as in other forms of skin disease, arsenic was useful; and that in pemphigus foliaceus neither arsenic nor any other treatment was of real avail.

Ergot in Visceral Atony.

In the course of a concluding article on the Physiological and Therapeutical Action of Ergot, in the *New York Medical Journal and Obstetrical Review*, Dr. Etienne Evetzky makes the following observations:—

"There are a large number of diseases, the essential feature of which is defective innervation of the organic muscular tissue entering into the composition of a given organ. Although in some cases this relaxed state is a secondary result of inflammatory action in the part itself, in the majority of cases we have to deal with primary atony and deficient innervation. Whatever may be the ultimate pathology in any given case, the usual practice consists in the use of various excito-motors, such as strychnia, electricity, douches, massage, etc. Considering that stimulation of the organic motor centres forms the most essential part of the physiological action of ergot, it is rather surprising that it is not used more commonly in these cases, particularly as ergot is superior to any other excito motor." He then notes the following disordered conditions: Atony of the stomach. When no definite disease exists, atonic dyspepsia is often due to a loss of power or tonicity on the part of the stomach. So also, in dilatation of the stomach, which is due in a marked degree to a paresis, from insufficient motor innervation, and is analogous to the uterine relaxation immediately after labor,

ergot will prove beneficial. Atony of the intestines. Manifested mainly by constipation, and brought about by irregular habits and sedentary life. Curran has succeeded in overcoming the torpidity of the bowels in paralytics with ergot, when the most energetic purgatives had failed to act. Its power of causing and increasing peristalsis can be verified by the reader; let him take a full dose of the fluid extract of ergot, and within half an hour he will notice the effects, varying from perceptible peristalsis to the actual inclination on the part of the bowels to move. Atony of the anal sphincters, which determines prolapse of the rectum, has been frequently relieved by hypodermic injections of ergotin, half a grain, in the vicinity of the anus, every few days, the parts being held in normal position by mechanical support. It has also been found useful in paralysis of the anal sphincter after parturition.

Langenbeck has obtained good results from its hypodermic use in invagination of the rectum. Two cases are reported of strangulated hernia readily reducible after hypodermic injections, that had resisted all mechanical efforts. Atony of the bladder, secondary to a diseased state of the spinal cord, or due to some functional disorder of its innervation, invariably yields to ergot. Sutton used it with marked benefit in the retention of urine during grave constitutional diseases, while Sorbet cured a case of incontinence of fifteen years' duration in eleven days. Malarial enlargements of the spleen yield rapidly to its influence. It will control excessive mucous or muco-purulent discharge. Ergot promptly checks excessive flow of milk, and is capable of suppressing it entirely. Diabetes insipidus, which is due to paresis of the renal vaso-motor apparatus, is almost always cured by ergot, while diabetes mellitus is often favorably influenced by it. Albulminuria and its accompanying symptoms have been temporarily benefited by it. Spermatorrhœa and prostatorrhœa, are much benefited by ergot in connection with sedative and tonic treatment. It has been found useful in diarrhoea and dysentery. It will relieve cerebral hyperæmia, and has furnished good results in epilepsy, sun-stroke, and the various vaso-motor neuroses. When neuralgia depends upon vascular disorders of the nerve sheaths, ergot is very frequently of great benefit. Chevallereau administered a hypodermic injection of ergotin to a rheumatic patient to stop a hemorrhage; it acted also so well on the rheumatic symptoms that he persisted in this treatment, and used it in two other cases. In all these three patients the benefit was very striking.

Hypodermic Injections of Sulphuric Ether.

Dr. L. E. Dupuy has published a very interesting article, continued in several numbers of the *Progrès Médical*, on "Subcutaneous Injections of Sulphuric Ether Applied to the Treatment of Cholera during the algid period." We have room but for the following brief extracts, which, however, embody his principal conclusions. He first considers the hypodermic use of ether from a general point of view, and cites very fully all the authorities on the subject. In adynamic

forms of typhoid fevers, pure ether under the skin has given good results; the pulse rapidly gains both fullness and strength; the heart beats, at first hardly perceptible, become more distinct; often, after one or two injections, cyanosis and collapse disappear, and the patient awakens from a condition which was considered desperate. Soon after an injection the patient may experience a local sensation comparable to that produced by an application of Mayor's hammer. There are many cases on record, however, in which the injections were equally effective, and yet have produced no local irritation.

In a case of profuse hemorrhage following labor, the patient was in a state of collapse. Three syringefuls at short intervals brought a rapid and favorable change. In a state of coma following copious hemorrhage, from the extraction of a naso-pharyngeal polypus, forty drops of ether hypodermically caused a rise in the temperature, which had fallen to 92.30° Fahr., and brought the youthful patient within the usual conditions attending surgical cases.

Ether, hypodermically injected, is rapidly absorbed; its effects become perceptible on the pulse after a very few minutes. The lungs will eliminate ether in ten to thirty minutes after an injection of from one-half to three-quarters of a drachm. It acts as a stimulant of the heart, and increases the frequency and energy of arterial pulsation. It revives the central organ, even when the cardiac muscle contracts but very feebly.

From experiments made upon animals, it would appear that injections of ether may be of benefit in cases of poisoning when the heart is feeble, and the pulse imperceptible.

Injections of ether cause a slight rise in temperature, something less than a degree. Our experiments warrant the observation that "the rise in temperature following ether hypodermically is the greater, in proportion as the central temperature was lower prior to the injections."

When temperature is less than normal, ether will determine a rise of one or more degrees, but its effects are only transitory; to maintain them, injections must be continued at regular intervals.

Owing to the rapidity with which ether is absorbed by the blood, its effects on the nervous system are stimulating, so long as it is administered within the limits already indicated; larger doses, and prolonged action of the remedy will be followed by resolution and anaesthesia.

Ether hypodermically is not only of benefit in cases of collapse following hemorrhages, or to individuals enfeebled by various causes; it has a direct effect on the total adynamia attending miasmatic diseases.

The effects of ether on the urinary secretions have not, as yet, been satisfactorily ascertained.

Dr. Dupuy devoted the second part of his paper to the treatment of cholera during the algid period. He admits that no specific has, as yet, been found in this disease. He says: In the algid period the pulse increases in frequency, becomes small, filiform, and very compressible; it becomes imperceptible at the radial, and progressively disappears from the humeral, crural, and finally, from the carotid arteries. The dis-

appearance of the pulse beats is considered a very grave omen, especially if it continues for some time. The heart becomes adynamic. Authorities differ as to the causes; but it is certain that an energetic excitant, acting rapidly upon the heart, through the agency of the nervous system, must prove efficient against the effects of cholera poison. Sulphuric ether, as has already been observed, seems to supply the requisites here indicated, and its rapid action upon the heart and the circulation must render important service in the treatment of cholera in the algid period.

The most serious cases of cholera are those in which there is a considerable fall in central temperature. We have reference to rectal temperature, as in cholera the axilla is an unreliable guide. A fall of one degree in rectal temperature should be looked upon as a grave symptom.

We hope we have satisfactorily proven that ether injections can produce a rise in temperature, and that this elevation is in proportion to the existing prior depression.

The following are the requisites in cholera algidity: rectal temperature, which in serious cases falls one or more degrees below, must be brought back to the normal point. This elevation should be rapidly obtained, because the disease makes rapid progress. It is equally important to be able to stop when desired, and only exercise a temporary effect on the temperature, because sudden hyperthermia is to be guarded against. From a theoretical point of view, ether injections seem to supply all these desiderata. We have had occasion to test their good effects in two cases, and believe them beneficial in all adynamic forms in which active stimulation of the nervous system is necessary.

It has been claimed that during the algid period in cholera absorption ceases, and medicinal substances remain without effect. This does not apply to the hypodermic use of ether. We have every reason to believe that the highly fusible nature of this substance renders it particularly well fitted for the purpose for which it is recommended.

Physiological and Therapeutic Effects of Phosphorus.

The *Revue Médicale* states that M. Du Moulin recently read before the Medical Academy of Belgium some observations made on a case of poisoning by phosphorus, showing that the presence of this substance can be readily ascertained, notwithstanding the denials of the patient, and although but a small quantity may have been taken. The secretions revealed unexpected perturbations. Not only had the urine become icteric, but it was alkaline, and albuminous, and had, moreover, almost entirely parted with its earthy salts. Its density was reduced to 1.006, and the quantity of urea had fallen much below the normal. The urine also contained leucin and tyrosin. The stools were discolored (icteric) and mixed with blood. The perspiration was alkaline, as were also the matters vomited (these were a mixture of mucus and gastric juice). On the other hand, the saliva was strongly acid, but the laryngeal secretions had remained alkaline.

Essence of turpentine was given at different

times, and invariably thrown up as soon as taken. A chlorate of potash gargle was then given, to counteract the buccal inflammation, but the patient swallowed the greater part of the solution. Finding that considerable improvement appeared to follow, and remembering that M. Huseman had recommended chlorate of potash in case of poisoning from phosphorus, the salt was continued, and in a few days the patient was convalescent.

Without positively asserting that this cure was due to chlorate of potash, M. Du Moulin believed that in similar cases it would be advisable to use this remedy, either alone or in combination with turpentine, should the patient be able to tolerate this latter.

Treatment of Epilepsy.

M. Ball, the present professor of mental diseases at the Paris School of Medicine, considers that the drugs most used in epilepsy prove much more efficacious when taken in combination with each other, than when one of them is administered singly. The alkaline bromides, particularly the bromide of ammonium, with belladonna and oxide of zinc, form the basis of treatment.

The following solution may be given, in tablespoonful doses:—

R. Ammonii bromid.,	3 iiiss
Sodii bromid.,	3 iiiss
Aqua destil.,	fʒ x. M.

At the commencement of treatment four tablespoonfuls of this solution may be taken during the day, and the dose increased to eight or ten tablespoonfuls if no appreciable effect is noticed after a few days.

Belladonna and oxide of zinc are administered in pill form, as follows:—

R. Ext. belladonnae,	gr. xv
Zinci oxid.,	gr. xv.
Ft. pil. xl.	

Sig.—One pill may be taken in the morning, another in the evening, at first; then the dose may be increased to four pills per diem.

If any degree of plethora exists the drastic purgatives should be resorted to, and in some cases benefit is obtained from a general bleeding, or the application of leeches to the temples or behind the ears.

M. Ball gives the following formula for drastic pills:—

R. Aloes,	gr. xv
Scammon. resin,	gr. viiss
Jalape resin,	gr. viiss
Calomel.,	gr. viiss
Saponis medic.,	q. s. M.

Ft. pil. xxiv.

Sig.—These pills are to be taken once a week, three in the morning and as many more about noonday.

What is of importance to notice is the immediate beneficial effect of this combined treatment; this is sometimes remarked on the second day.

This method, like all other forms of treatment of epilepsy, should be continued for a long period, and should not be suddenly stopped; the doses should be progressively and slowly diminished when it is considered safe to lay aside the treatment.

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WHEN SHOULD CHILDREN BE SENT TO SCHOOL?

The old-time family physician, in his dual capacity, of healer of ills and general father confessor and adviser of his life-long patients, will frequently have this question propounded to him. Many parents will ask his advice on this subject; and it is a point that is worthy of more careful consideration than most persons stop to realize. In a country like ours, where the public school system is so universal that even the very poorest classes can afford to give their children some education, the temptation to send the little ones to school prematurely is very great. By so doing their minds are trained, and what is a great consideration to many parents, they get them "*out of the way*" for a goodly portion of each day. But we must ever realize that during very early life all the forces and energies of nature are required to enable the child to grow and develop physically, and that if this power be diverted from its natural channel to assist the premature development of the mind, the bodily or physical system will be apt to suffer for the

want of it. We have no doubt that the most perfect adult, physically and mentally, would be produced, were the pre-puberty period of life devoted almost entirely to physical development, the mind receiving only the inductive training of example from intelligent and refined home influence, and if active school life was not allowed until this period. This plan would bring educated men out from their colleges to mix with and battle against the world at a more advanced age than is now the rule; but this would be all the better, since the whole being would be more mature and much more capable of meeting and successfully mastering the exigencies of life.

Since, however, this idea is opposed to the popular sentiment of our country, it becomes impracticable. But a modification of it will prove a great improvement on the present plan. When a physician is consulted about sending a child to school, he must take into consideration several points in making up his opinion. Does the child inherit any tendency to disease? If it does, this tendency will be fostered by the confinement of school life. Is the child of a nervous or a timid temperament. If so, the rough handling it will receive, and the worry over excessive desire to excel in study, so common to nervous temperaments, will prove injurious. Does the boy or girl evince a desire to study? If not, the necessary *driving* will be injurious. Is he well advanced, *physically*, for his age? If yes, then attendance upon school will do him no harm; if no, then he had better run wild for a year or two longer. If he is vigorous, and yet unruly and uncontrollable, then may school discipline correct these faults. If he is gentle and docile, and not notably hearty, with a slight tendency toward a scrofulous or lymphatic temperament, then will it be better to postpone his mental training for a time. The valuable lessons of *self-control* will not be so much needed by such a disposition as by one who is wild and self-willed. It would be well to inquire most searchingly into the ancestral history of a child before concluding. Because we all know that a tendency to disease may be inherited, and yet by

careful hygienic surroundings and conditions may be aborted, while bad sanitary conditions may foster and develop this latent tendency in its most virulent form. Therefore, in conclusion, after having considered all the points bearing on the case, ask yourself the question, "*Can the confinement and mental labor incident to school life POSSIBLY injure or retard this child's physical development?*" If your judgment answers in the affirmative or leaves any room for doubt, give the benefit of the doubt to the body, and advise against school. But if the reply is unquestionably negative, then you can safely advise school.

MEDICAL SCIENCE.

The publication and sale of books devoted to routine rules of practice, and volumes containing the favorite prescriptions of prominent physicians, would tend to make one think that there are certain doctors who practice medicine by routine; who will, when called to a sick man, go through a routine examination, according to some text-book direction, and having concluded that he has a certain disease to deal with, will order the formula committed to memory that he understands some great medical light has, at some time or other, used for the same disease. It is but little to be wondered at that such a machine-like doctor fails to cure many cases of severe illness that really require medical interference. His cases that would get well if left alone will sometimes recover under this foolishly empirical treatment, but he will rarely be successful in those cases that have a natural tendency toward dissolution, and can only be checked in their downward course by rational and energetic measures.

The reason is obvious. Medicine is not an exact science. We cannot say, as in arithmetic, that two and two, absolutely and without exception, make four. It is impossible to formulate any definite and universal laws for the alleviation of disease, since in each individual case the disease will present some peculiar phases, dependent upon the external and internal collateral circumstances that may exist.

The distinguished and successful practitioner

is he who, with a thorough knowledge of the import and significance of every condition that may present itself, and with an intimate acquaintance with the uses and properties of all the remedial measures we possess, treats symptoms as he finds them. To him, it matters not what name you give to any particular group of symptoms. He does not treat typhoid fever because it is typhoid fever. But if he finds a dangerously high temperature, he endeavors to reduce it. He combats dangerous weakness. He controls diarrhoea. He antagonizes exhausting wakefulness; and thus by constant vigilance, and a reasoning and sensible treatment of symptoms, he manages to keep his patient alive until the forces of nature can effect the cure. Therefore will it be well for every physician who loves his profession and desires to be successful in its practice, to remember and act on this principle, that there are no absolute and universal rules for the treatment of sickness. It might almost be said that no two cases of the same disease will call for precisely the same remedial agents. He must recognize the importance of even the smallest and apparently least significant symptoms. He must be thoroughly acquainted with *materia medica* and *therapeutics*, when he can make up his own intelligent line of treatment and will not be compelled to use the antiquated and worn-out thunder of another man's brain.

NOTES AND COMMENTS.

HYPERTROPHIED HEART.

Dr. Samuel West presented to a recent meeting of the Pathological Society of London (*Lancet*) a case of hypertrophy of the heart, in which the usual causes were absent. The patient, aged forty-one, was well until three months before his admission to the hospital. He then had dyspnoea, pain and palpitation. The heart was found very large, no murmur, the arteries were hard, lungs emphysematous, and there was a small amount of albumen in the urine. Chronic Bright's disease was diagnosed. He became unconscious and died. At the autopsy, the kidneys were congested, but otherwise healthy; there was no sclerosis; the heart weighed twenty ounces, and was very large,

slightly fatty, no disease of valves, and no cause of the hypertrophy, which was confined to the left ventricle, was found. It was, therefore, a case of cardiac hypertrophy, without any of the usual causes being present. It also showed how such a heart may break down, without obvious reason.

- Dr. West suggested that the coronary arteries did not increase in size in proportion to the size of the heart, and so a point was reached where the blood supply was deficient, and fatty degeneration occurred.

Circumcision—Death.

Mr. F. H. Weekes reports the following case in the *Lancet*: A young man, aged seventeen, was admitted to the hospital with double inguinal suppurating buboes. There was also phimosis of an elongated prepuce, apparently due to the presence of three or four soft sores at the junction of skin and mucous membrane. General health good. Circumcision was performed in such a manner as to remove all sore places. This exposed a healthy glans, and a urethra free from inflammation. After the operation, the patient was comfortable for four days. The temperature did not rise above 98.5°. The wound healed for the most part by granulation, and there was scarcely any swelling of the penis. On the morning of the fifth day the temperature was 99.5°, and in the evening the patient was chilly and had a temperature of 105.4°. On the following morning the temperature was 105.4°; pulse 120, weak; respirations 30. He had been delirious during the night. The penis was slightly swollen and covered with a red blush; but this color faded gradually away, and had no definite margin. The posterior lower two-thirds of the left lung were dull on percussion, and in that region could be heard tubular breathing and bronchophony. In the evening temperature was 104.5° although during the afternoon two five-grain doses of quinine had been given. The next morning temperature was 104.5°; pulse 130; respirations 30. He had not been sick, but had taken very little food. There was a dry, brown tongue, and involuntary passage of feces. During the afternoon the patient became weaker, and died.

Nerve Stretching in Locomotor-Ataxy.

We read in Paris *Médical* as follows: Last year this journal published the results of nerve stretching in locomotor-ataxy, as practiced in Germany, and repeated in France by Debove. The first successes attending this method warranted the belief that a remedy had at last been found

for relieving the lightning pains in ataxy, and, indeed, for curing the disease itself. Experience has proven, however, that this method only brings temporary relief, and that but little dependence can be placed on its good effects.

At the congress of German naturalists, held in Salzburg, in 1881, German and Austrian physicians and surgeons were of opinion that this new method had given but illusory results, and that after an apparent improvement the disease again followed its progressive course.

Moreover, at a recent meeting of the Medical Society of that city, Bernhardt, Leyden, Litten, Goldammer, and Israel have adduced numerous facts dismissing all doubts, and proving that the elongation of the large nerve trunks, in cases of ataxy, may, for a few weeks, abate the lightning pains, restore cutaneous sensibility, and re-establish equilibrium of motion in the limbs; but soon after the pains return, if not in their original seat, then in belt-like form around the body, and the motive troubles become more than ever aggravated; tactile sensibility alone continues somewhat longer, showing signs of improvement. According to this, it would seem that nerve stretching only awakens hopes in the minds of patients that are doomed to be disappointed.

Carbolic Acid.

At a recent meeting of the Surgical Society of Ireland (*Medical Press and Circular*), a discussion took place concerning the poisonous qualities of the carbolic spray in surgery. Dr. Warner read a paper, in the course of which he pointed out some fatal cases of poisoning from this drug. Mr. W. Thornley Stoker then said, "That he had seen the spray used in hundreds of cases, and never, in any instance, was the slightest symptom of carbolic acid poisoning produced, save one, a case of his own, where the carbolic oil was applied as a dressing to a large superficial burn." He believes that carbolic oil of the usual strength, one to four, is a dangerous agent when applied to burns of a large extent. He had never heard of an authentic case of carbolic acid poisoning (save the one mentioned) in the hospital practice of those around him. Mr. Hamilton stated that at Stevens' Hospital no capital operation—he might almost say no operation at all—was performed without carbolic acid, and so far as his experience went, he had never seen a bad result that could be set down in any degree to the poisonous effects of carbolic acid. Dr. Benson remarked that for two years past they had been using the spray in ophthalmic surgery, in St.

Mark's Hospital; there were only two cases in which operation was followed by suppuration, and in these cases the spray had been accidentally omitted. On the other side, Mr. O'Grady, referring to the alleged diminution of erysipelas from the use of carbolic acid, said he had been sixteen years attached to Mercer's Hospital, and never saw the disease there, except it was imported. His colleagues and himself had given up using carbolic acid, because they did not believe in it. He had seen mischief follow its use. In a case of ovariotomy, two or three days after the operation, while he was injecting an aqueous solution of carbolic acid into the wound, the woman, who was laughing and joking, became suddenly insensible and died in ten minutes. He could not attribute the death to any other cause than carbolic acid. Mr. Corley thought that the unfavorable results sometimes noted might be due to the use of impure acid. He had himself noticed some bad results when he used the ordinary carbolic acid, but had never seen any since he commenced to use absolute phenol, as recommended by Lister.

The weight of evidence in this discussion was in favor of the use of carbolic acid in surgery. That such an argument could occur, would tend to show that there is no absolute certainty about this question, but that, like many other articles in medicine, it may sometimes do harm, and this ought to be borne constantly in mind when using the acid.

Pyæmia from Otitis.

At a recent meeting of the Pathological Society of Dublin, Dr. Walter Smith (*British Medical Journal*) showed the left petrous bone, cerebellum, and lungs of a young man of 21, who had enjoyed good health until December 23d, 1881, when severe pain suddenly set in in the left ear and left side of head. Next day there were rigors, sweating, and vomiting. Was admitted into hospital January 1st. There was no history of any discharge from either of his ears. The temperature ran a completely typical course—on one occasion it fell to 96.7°, on another it rose to 107.4°. There was a similar want of accordance between the pulse and respiration records. There was complete absence of any paralytic symptoms, general or special. The sputum was rusty and streaked with blood, but physical signs of pneumonia were not discovered until January 9th. The cerebral symptoms then became latent. Examination revealed bulging of left membranous tympani, but there was no perforation or otorrhœa. After increasing dyspnoea, death

ensued on January 15th. Spleen was found large and pulpy, weighing ten ounces and a half. There was some left pleural effusion; foci of embolic pneumonia were found in the left lung. The right lung was tough, non-crepitant, and in places quite gangrenous, with several softening, embolic pneumonic patches. Necrosis of the pleura was well marked on the surface of the lung. A small, greenish abscess was observed in the cerebellum, below the left corner of the pons varoli. A thrombus lay in the left lateral and superior petrosal sinuses. The left petrous bone was diseased and very fatid. The cavity of the tympanum was full of brown, grumous stuff, and its roof was broken down and perforated.

Operations in Individuals Subject to Erysipelas.

At a recent meeting of the Société de Chirurgie (Feb. 1st) M. Verneuil called the attention of the members to an important subject. In the course of practice, he found himself obliged to operate in three cases where the individuals had had one or more attacks of erysipelas; in all three, erysipelas, either spontaneous or surgical, supervened, and the three patients succumbed.

M. Verneuil asks if his colleagues have no analogous observations, and if it would not be proper to consider the prognosis of graver import after operations or severe wounds in individuals who have been more or less subject to erysipelatous attacks.

M. Després does not consider that this circumstance aggravates the prognosis; he has operated in four such cases, and erysipelas supervened twice, but did not prove of any exceptional gravity. M. Marc Séé operated in one such case and erysipelas did not supervene, but a case operated by M. Gilette sustained the opinion of M. Verneuil.

In concluding, M. Verneuil, remarked that in the six cases reported by his colleagues, erysipelas appeared three times. It is true, as M. Després asserted, erysipelas is rarely fatal when the internal organs, liver, kidneys, lungs and heart are healthy, but under opposite conditions, or when the patient is a drunkard, the prognosis is very grave.

Treatment of Rabies.

At a recent meeting of the Société Méd. des Hôpitaux, of Paris, M. Gingéot remarked that in a case of rabies he had employed the hoangan, said to be much employed among Eastern nations. He did not observe any beneficial effects from its use, but it was not given until

late period of the malady. He considers that the medicament is best administered hypodermically, using a watery solution of the alcoholic extract, as the pills are swallowed with difficulty and frequently rejected by vomiting.

M. Dujardin-Beaumetz considers the Russian method of treatment the best of those at present known. The patient is placed in an over-heated room and garlic or sulphide of allyl is administered. Six months since he had three persons under his care, who had been bitten by a dog undoubtedly mad; they were submitted to this form of treatment in all its details and escaped without presenting any symptoms of rabies. Valdivine, which has been vaunted in this affection, has proved of no value in his hands.

M. Sévestre said that an attenuation of the symptoms was obtained in one case by the administration of pilocarpine, but the patient finally succumbed.

Kangaroo Tendons.

Mr. T. M. Girdlestone read a paper on the "Surgical Uses of Kangaroo Tendons," before a recent meeting of the Royal Medical and Chirurgical Society (*Medical Times and Gazette*). He stated his belief that for tying large vessels in their continuity, the long, even tendons from the tail of the Kangaroo were as strong as the silk ligature, and caused no ulceration in the coats of the vessels, and had all the valuable qualities of catgut, without its defects. It also makes an excellent suture, resisting the effects of purulent discharges for a long time. They have been used in Melbourne, in place of silk or gut, since 1877. In the deligation of main arteries, the inner coats of a vein could be divided or not, and the ends of the ligature cut off short. A reef knot does not slip nor become loose. When there is no suppuration the tendon coalesces with the tissues, and in suppurating wounds, though softened, they are found to still hold together at the end of eight days. The tendons were previously immersed for some weeks in carbolic oil, and entire tendons only were used. They have been employed in ovariotomy, and in vesico-vaginal fistula, and held till union took place. In plastic operations, hernia and varicocèle, the tissues have readily healed over them. A medium-sized tendon is so strong that it is difficult to break it with the hands, and it is uniformly strong throughout its length of from twelve to eighteen inches. They can be hardened for use as sutures by immersion in a half per cent. solution of chromic acid, after which they can be also used as drains for wounds.

Nutrient Suppositories.

Dr. H. E. Spencer thus writes in the *Practitioner*: Artificially digested meat is mixed with a little wax and starch, and made into a suppository. These suppositories are of such a size that the digested and extracted product of twenty ounces of meat from which the insoluble matter is removed is contained in about five suppositories. It is easy for most patients to introduce them themselves; and their use is attended with no discomfort whatever, in the majority of cases. After an hour or two, the waxy basis is frequently returned, the peptone and extractive being absorbed. In some few cases, owing to irritability of the rectum, the whole suppository has returned; but this can be obviated by the addition of a little opium. He has had excellent results from their use in cases of gastric ulcer, stopping all food by the mouth for a fortnight or so, and ordering the patients to insert a suppository every four hours. Great relief was obtained by the same means, in a case of cirrhosis of the liver, where gastric irritation was a prominent symptom. The life of an old lady dying from gastric carcinoma was prolonged for several weeks. An immediate improvement took place as regarded the pain, sickness and prostration, and the patient was enabled to sit up and make her will. It is true that the amount of food administrable in this way is very small, but every practitioner who has had cases of obstinate vomiting under his care knows how minute a quantity of nutriment will "keep body and soul together" for several weeks or months.

Mitral Stenosis.

The thesis of Miss Mary Marshall (*Thèse de Paris*, 1879), inspired by M. Landouzy, is devoted to establish the assertion that mitral stenosis is much more frequent in women than in men, and that in a proportion of two to one. This conclusion is based on statistics compiled from French and English hospital reports.

The causes of mitral stenosis are the same as for other cardiac disease; rheumatism holding the first place; the influence of puerperal diseases is rarely noticed in the observations. To explain the greater frequency of mitral stenosis in females, the author brings forward the anatomical conditions, asserting that this orifice is narrower in women.

Again, it is said that during the child-bearing period the blood is less alkaline in women, and would, therefore, have the same irritating effects observed in rheumatism.

Modern Surgery—Extirpation of the Lungs.

Under this heading the *Medical Press and Circular* says: If the ancient masters of surgery were now to visit some of our modern hospitals, and see the operations therein performed under the protecting shadow of antisepsiticism, what surprise would they not evince at the daring of modern surgeons! Operations condemned in their day as unjustifiable and hazardous are now recognized standard ones. They would learn with surprise that we remove kidneys, spleens, uteri, portions of intestines, larynx, with perfect insouciance. It is even now proposed to extirpate one of the lungs. At a recent meeting of the Biological Society of Paris, M. Marcus (Jassy) suggested an operation for the removal of one of the lungs. M. Marcus believes that, as the lungs are dual, one could be removed; the other would do the work, just as one kidney does the work of two when one has been removed. M. Marcus has put his suggestion to proof. He extirpated the right lung in some rabbits and dogs. In spite of antiseptic precautions, however, they died. The dogs died rapidly; the rabbits lived for three weeks. M. Marcus thinks that his results are encouraging.

Premonitions of Epilepsy.

In the course of an article on epilepsy, in the *Practitioner* for February, Dr. Radcliffe furnishes the following as premonitory symptoms of an epileptic seizure, and the relative frequency with which each has occurred in his own experience:

Involuntary jerkings, startings and spasms	38
Vertigo.....	34
Unusual craving for food.....	29
Unusual sleepiness.....	23
Respiratory pauses, followed by long breaths	20
Hallucinations.....	12
Nightmare.....	12
Frequent pertes seminales.....	12
Rolling of the eyes.....	5
Grinding of the teeth.....	4
Palpitation of the heart.....	4
Headache.....	3
Tingling or numbness.....	2

Anesthesia.

Commenting on the danger of using pure chloroform for anaesthetic purposes, Dr. Henry Smith says, in the *Lancet*, "During the last five years, both in private and hospital practice, the anaesthetic employed in my operations consists either of ether alone, or of the mixture composed of one part alcohol, two of chloroform, and three of ether. This mixture is comparatively harmless, and will produce the same amount of insensibility as is effected by more dangerous anaesthetics."

SPECIAL REPORTS.**NO. V.—OPHTHALMOLOGY.**

BY CHAS. S. TURNBULL, M.D.

Effects of Eserine and the Mydriatics. Atropine, Duboisine, Homatropine and Hyoscyamine.

After a series of careful experiments,* HERMANN SCHAFER (*A. J. Oph.*, Vol. x, No. 2) states, in regard to the influence of eserine upon the three agents, atropine, duboisine, homatropine, that it counteracts the effects of homatropine completely and permanently; that of duboisine, and more particularly that of atropine, however, only when instilled in larger quantities, and then only for a brief period, after which it yields again to the effects of the latter.

The absorption into the aqueous humor of these three substances (atr., dub., hom.), as well as their transmissibility, has been demonstrated by experiments. Aqueous humor containing atropine and duboisine acts more rapidly when transferred. Aqueous humor containing atropine and duboisine secures maximum dilatation, but that charged with homatropine does not effect this result completely.

In general, it is sufficiently demonstrated that, as respects the dilatation of the pupil, atropine, if somewhat slower, possesses a more lasting influence than duboisine; that the latter dilates the pupil in a shorter time, and momentarily acts more energetically, but loses its influence more quickly; finally, that homatropine develops its influence in a briefer time than either of the other agents, but produces a lesser dilatation of the pupillary diameter, and is the first to decline in its effects. The degree of concentration in which the homatropine is employed is apparently without influence upon the duration of the effect.

The accommodation is paralyzed more rapidly by duboisine and homatropine—by duboisine even a little more so than by homatropine; with the latter, however, the normal state returns in twenty-four hours, with duboisine after three to four days. Paralysis of the accommodation by atropine proceeds very gradually, and persists the longest.

In accordance therewith would be the practical application of these three agents. Where it is desired to secure simply dilatation of the pupil for the purpose of examining the fundus, or to paralyze the accommodation for the certain determination of the state of the refraction, homatropine is decidedly to be preferred to the other drugs.

* Translated by Isidor Furst, M.D., of New York.

Dr. S. D. RISLEY, in a recent paper,* also concludes "That for the correction of anomalies of refraction in otherwise normal eyes the homatropine is to be preferred."

If, on the other hand, a therapeutical effect is desired, homatropine is to be set aside, on account of its insufficient and too restricted effect, and the application of atropine and duboisine can alone enter into consideration. Risley (*loc. cit.*), from therapeutic standpoint, concludes "That, if retino-choroidal disturbance is also present, hyoscyamine or duboisine are preferable; (a) to atropine, because of the shorter duration of the treatment; (b) to homatropine, because of their more persistent control over the ciliary muscle; and that hyoscyamine† is preferable to duboisine, since the tendency to systemic poisoning is not so great."

Schäfer recommends the use of duboisine in iritic conditions, with or without extensive synchia, where atropine had been employed for some length of time, and with but partial success, on account of conjunctival and ciliary injection. Duboisine, he says, never causes conjunctival irritation, and even diminishes that caused by atropine.‡

Dr. H. KNAPP (*Archiv f. Ophthal.*, Vol. x, No. 2) reports three cases of quinine amaurosis. The characteristic features of this affection, according to Roosa, Wecker, Voorhies, Michel, Gruening and Knapp, are:—

1. Total blindness subsequent to the taking of large quantities of quinine.§
2. Pallor of the optic disks.
3. Marked diminution of the retinal blood vessels, in number and calibre.
4. Contraction of the visual field.
- K. mentions some other symptoms: "1. Diminution of the color-sense (red-green, then green blindness); 2. Diminution of the light-sense (as if a veil was over the eyes); 3. The pupils during the total blindness are irresponsive to light, but (Gruening) move on accommodative efforts; 4. Anesthesia of the cornea; 5. Impairment of hearing, to total deafness, and tinnitus aurium in every case, though transient."

The subjective noises and deafness, though exceedingly frequent symptoms of quinism, are always transient; I, at least, have not been able to trace one case of persistent deafness or tinnitus

* "The Comparative Value of the Mydriatics," *Transac. Am. Ophthal. Soc.*, 1881.

† Hyoscyamine grs. ij to iii. R. fears they adulterate Hyos. with Atrop.

‡ We cordially endorse Schäfer's recommendation of duboisine in iritic conditions.

§ The total blindness, in all the cases thus far made known, was only temporary.

aurium to the use of quinine alone. (L. TURNBULL has long since emphatically expressed himself in a similar way.—Rer.) The impairment of sight will, I suppose, disappear entirely in the mild cases, whereas in the severe typical ones the restoration of the central acuteness of vision seems to be complete only in a certain number of cases; in almost all, however, a fair amount, $\frac{2}{3}$ to $\frac{4}{5}$ of S., is regained. The contracted visual field expands slowly, commonly does not reach its natural limits again.

The progress of quinine amaurosis, even in advanced cases, is, on the whole, good, as there is, thus far, no case of permanent blindness on record, and the typical, i.e., fully developed cases, are very rare. How frequent the mild cases are, and how rapidly they recover, remains for further investigation to ascertain.

No beneficial mode of treatment seems yet to have been discovered. The "depleting therapy" to which v. GRAEFE ascribes the recovery in his second case will, in view of the marked ischaemia of the retina discovered of late, scarcely find any advocates now. Nitrite of amyl, given in the way of inhalation, by Voorhies, Gruening and Michel, showed no effect. Strychnia and other remedies, as well as electricity, were likewise inefficient. Horizontal position, as long as the general anaemia, and particularly that of the brain and eye, are marked, seems beneficial. Generous diet, with perhaps gentle stimulants, and as soon as practicable, sojourn and exercise in a healthy, invigorating atmosphere, appear rational means of recovering strength, and supplying the retina with what it most needs—blood."

Dr. J. J. CHISHOLM, of Baltimore, at the last meeting of the Am. Med. Association, read a paper on the *Actual Cautery Needle in the Treatment of Conical Cornea*. The operation is performed with a fine sewing needle, heated to whiteness in an alcohol lamp, and thrust through the apex of the cone. The subsequent cicatrization causes a flattening of the cone. Dr. C. also exhibited a needle designed for the destruction of the hair-bulbs, in cases of displaced cilia, by electrolysis. It consists of a needle set into a handle, which is introduced cold into the root of the hair-bulb. By pressing on a button, connection is made, and the needle becomes heated, and the electrolytic action is manifest by the bubbles of gas escaping. Reported (*A. f. O.*, Vol. x, No. 2, by S. Burnett, M. D.)

In his abstract of *Am. Ophthal. Literature* for the first quarter of the year 1881, Dr. Swan M. Burnett, of Washington (*loc. cit.* p. 235), reports the following:—

H. M-BANNISTER. *On Some Points in Regard to Color Blindness.* (*Jnl. of Nervous and Mental Diseases*, Jan.) B. takes the same position as the reviewer (Burnett), in his article in the last number of the *Archives f. Oph.*, viz.: that the cause of some cases of color-blindness is to be found in the brain-centre and not in the retina; and thinks that the defect in color-sense can be improved by exercise. He thinks Holmgren's test tends to magnify slight defects in the color-sense, and that more than one method of examination should be used where we want extreme accuracy.

C. S. BULL. *A contribution to the Pathology of Orbital Tumors;* being a study of the secondary processes in the peri-periosteum and bones of the orbit and vicinity (*N. Y. Med. Journal*, March).

CASE 1.—Encapsulated orbital sarcoma; extirpation; return of the growth as a myxo-sarcoma; infiltration of the bones of the orbit, and of the facial bones of the left side in general; three operations for the removal of the tumor.

CASE 2.—Intra-ocular sarcoma; secondary infiltration of the optic nerve and orbit; degeneration of the orbit and face; four operations for the removal of the growth.

CASE 3.—Fibro-sarcoma of the orbit, involving the periosteal lining, and subsequently, the bones of the orbit and face.

B. concludes, from a study of these cases, that such growths are not fit subjects for operative interference." We would most emphatically endorse B.'s opinion, as experience, in numerous cases similar to his, has taught us how futile operative interference has proven itself to be.

J. C. DALTON. *Centres of Vision in the Cerebral Hemispheres* (*N. Y. Medical Record*, March 26th). From experiments performed on dogs, D. feels justified in concluding: "1. Extirpation of the angular convolution causes loss of visual perception on the opposite side. 2. This operation is not followed by any disturbance of the intelligence, attitude, power of locomotion, or general sensibility. 3. It does not interfere with the local sensibility of the retina or conjunctiva, the reaction of the pupil to light, nor with the normal spontaneous movements of winking. Its effects are, therefore, confined to the exercise of visual sensibility.

I. P. WALL. *Congenital Absence of the Eye-balls "Anophthalmia"* (*N. Y. Med. Record*, Mar. 26th). The tutamina oculi were perfectly formed, but there were no eyeballs, even in a rudimentary form. The lachrymal gland was present. The child was a white male, and six months old.

W. C. AYRES. *The Physiology of the Visual Purple* (*N. Y. Med. Journal*, May). A. sums up his conclusions as follows: "We know that the purple is a photo-chemical substance which is sensible to light, and that its seat is in the outer segments of the rods, whereas it is never found in the cones. The cones, on the other hand, being the only elements found in the fovea centralis, we are forced to the conclusion that distinct vision, both for objects and for colors, is independent of its existence. In the higher classes of animals it is sensitive to light, but in some deep-sea fishes, cephalopods, etc., it has its seat in the rods, but is no longer sensitive to light, although it has the same color as before. Where it is not sensitive to light the optical structure of the eye is very defective. It is an albuminoid compound, and is a secretion of the pigment epithelial cells of the retina: but this secretion is not controlled by any of the larger nerve trunks, which have a part to play in the functions of the eye. We know of no drug which can diminish its secretion, but pilocarpine and muscarine greatly increase it."

In their report on the Progress of Ophthalmology, for the first half of the year 1880,* Drs. H. MAGNUS and A. NIENEN, note the following:—

BEAUREGARD. *Suppuration of the Vitreous.* B. says the pus cells come from the cells of the choroid. (*Sec. de Biol.*, Paris, June 12th, 1880.)

KNIES, M. *Argyria Oculi* (*Z. M.*, Vol. XVIII, p. 165). After external application of the nitrate of silver stick for fifty years, K. observed two modes of staining of the tissues, one being diffused, the other consisting of minute granules. The cornea was stained brown, especially in the centre; the epithelium and endothelium of Descemet's membrane were free; the subconjunctival tissue was, in its whole extent, pervaded by lymph spaces, which were densely filled with granules of silver. In transverse sections the blood vessels were surrounded by black rings, the adventitia being densely filled with granules.

HALTENHOFF. *Conjunctival Hemorrhage* in a new-born child. Haemophilia; uncontrollable hemorrhage caused death in thirty-six hours (Rapp. sur. les trav. dela. Soc. Méd. de Genève, p. l'an, 1879).

HÖGYES, A. *The Changes of the Eye after Extirpation of the Facial Nerve* (*Archiv. f. Exper. Pathol.*, Vol. xi, p. 258). After simple division of the nerve permanent affections of the cornea are rare; after evulsion, the cornea becomes dry, with more or less extensive ulceration.

* Translated by R. O. BORN, M.D., of N. Y., *Archiv. Ophthal.*, Vol. x, No. 2.

tion; after division of the trigeminus the eye is always lost by the subsequent neuropathic keratitis.

KRETSCHMER. *Keratitis Neuro-paralytica.* Panophthalmitis after neurectomy of the infra-orbital nerve (*C. f. A.*, March, p. 65, with polemic correspondence, *l. c.*, pp. 168, 236, 293, 363).

GALEZOWSKY. *A Case of Congenital Iridocyclitis* (absence of the iris) through several generations (*Rec. d' Oph.*, 8, No. 2, Feb.).

WOLF (Glasgow). *A Case of Bleeding Tumor of the Iris*, about four mm. in diameter, bleeding every four to six weeks (*Med. Times and Gaz.*, May 8th, p. 504).

CHISHOLM, J. J. *A piece of metal in the eye for 28 years, without causing sympathetic ophthalmia* (*Bost. Med. Jour.*, Vol. cx, p. 248).

SCHNABEL. *Secondary Glaucoma.* Upon an observation of glaucoma after traumatic luxation of the lens and stretching of the fibres of the zonula in incarceration of the capsule into the wound, the author is opposed to Kries' view of an occlusion of Fontana's spaces. The abnormal stretching of the zonula is said to be the only cause of glaucoma, especially since the author observed the cure of an acute attack in chronic glaucoma, by the spontaneous luxation of the lens, with detachment, and thus relaxation of the zonula (*Wien. Med. Bl.*, Vol. III, Nos. 6 and 7, p. 180).

BREMER, VICTOR. Among 223 deaf-mutes, HANSEN and KRENSCHEL found 9 cases = 4 per cent. of *retinitis pigmentosa* (*Inaug-Dissert.*, Copenhagen, 1880).

GATLI, Fr. *Amaurosis produced by salicylate of soda poisoning* (*Gaz. Degli. Ospit.*, Vol 1, p. 129).

URTHOFF. *Atrophy of the optic nerve*, with special consideration of, 1, the causes; 2, the knee phenomenon (patellar-tendon); 3, the condition of the visual field. It comprises 83 cases. The knee-phenomenon is absent in 18 out of 15 cases of spinal atrophy of the optic nerve, in one-third of the cases of genuine progressive atrophy, and is, therefore, a valuable symptom for the differential diagnosis. In 7 patients there was at the same time myosis. In spinal and simple optic nerve atrophy, the limitation of the visual field begins in a small majority of cases at the outer side (*A. f. O.*, Vol. xxvi, No. 1, p. 244).

HAFFNER. *Rare migration of a round worm, 8 cm. in length, into the left lower lachrymal canal*, in a child suffering from severe whooping-cough (*Berlin. Klin. Wochensch.*, No. 24).

SIGSMUND. *A small splinter of wood kept in the eye for 47 years without any disturbance* (*Berlin. Klin. Wochensch.*, No. 5, 1880).

ERB. *The ocular affections in tabes dorsalis.* Among 56 cases there was seven times atrophy of the optic nerve, and seventeen times paralysis of ocular muscles (*Deutsch. Archiv. f. Klin. Med.* 1879).

STEWART, GRAINGER. *The eye symptoms in locomotor ataxia.* Among 70 cases there were 20 cases of squint, three of ptosis, four of diplopia, without manifest squint; seven of myosis, four of difference in the pupillary diameter, eight of immobility to light, while the pupils contracted upon convergence; four times temporary amblyopia with subsequent improvement; fourteen times atrophy of the optic nerves with amaurosis in one-half of the cases at quite an early period (*C. f. Med. W.*, 1880, p. 62).

HOSCH (Basel). *Embolic Panophthalmitis in Puerperal Fever.* Literature of 15 cases. H. found in one case large accumulations of micrococcii in some of the smaller retinal vessels, also in numerous uriniferous tubes, and in more developed stages in the vitreous body (*A. f. O.*, Vol. xxvi, No. 1, p. 177).

NEWS AND MISCELLANY.

COMMENCEMENTS.

University of Pennsylvania.

The Annual Commencement of the Medical and Dental Departments of the University of Pennsylvania came off at the Academy of Music on Wednesday, March 15th. At a few minutes before twelve o'clock, the trustees, faculty, alumni, and graduating classes entered upon the stage, and after "music," prayer was delivered by Rev. William H. Furness, D.D. Provost Pepper then conferred the degree of Doctor of Medicine on 122 graduates.

The degree of Doctor of Dental Surgery was then conferred on 41 graduates of the Dental Department.

Of the four prizes offered for the competition of the members of the graduating class, two were taken by Drs. Howard A. Kelly and Horace L. Jayne, conjointly. The Anomaly Prize, instituted by the late Dr. H. Lenox Hodge, and continued by Dr. Charles T. Hunter (present Demonstrator of Anatomy), was given to Doctors Kelly and Jayne, for a record of over 1200 anomalies.

The preparation prize, offered for the best preparation of some portion of the human organism, was awarded to the same gentlemen.

The "Henry C. Lea" prize to Drs. T. D. Gootald and Horace L. Jayne. Alumni Prize to Drs. G. T. Robinson and H. Will. Distinguished Merit. Drs. G. W. Johnston, C. H. Reed, H.

E. Smith, A. J. Daland, A. D. Smith, G. E. Shoemaker, C. Claxton, W. F. Hennlen, and D. A. Randolph.

Honorable Mention—George M. Boyd, C. S. Dolley, J. L. Elliott, W. M. Gray, H. A. Kelly, C. R. Matchett, D. W. B. Rupp, C. H. Loder, McC. Radcliffe, J. Schmidt, P. N. K. Schwenk, J. W. Shelly, John E. Sheppard, J. S. Tait, W. J. Taylor.

Morgan Anatomy Prize—J. W. Blackburn, with honorable mention of William H. Steward.

Osteological Prize—E. C. Fahrney, with honorable mention of M. Howard Fussell.

In the Dental Department the following graduates received honorable mention—James H. Abrams, John A. Fothergill, Charles M. Stetson, Gabriel Oltramare, Martin H. Meisser, John G. Sharpe, Edward H. Allen, and William McNair.

In the opinion of the oldest teachers, this class was, physically, the best looking; mentally, the most vigorous; in manners, the most favorable; and professionally, the most satisfactory ever sent out from the University. Fifty-one reached averages over ninety, an attainment which has so impressed the faculty with the advantage of the higher requirements introduced, and the power of the best class of students to meet them, that next year the average will be raised to ninety-five. Out of an original class of 159, only 122 graduated, 37 being unable to meet the requirements. This year's class sent out on the invitations "no flowers."

The valedictory was delivered by James Tyson, M.D., Professor of General Pathology and Morbid Anatomy. In beginning, Dr. Tyson alluded to the first annual commencement at which medical degrees were conferred in America. That occasion, he said, was the commencement, held June 21st, 1788, of the College of Philadelphia, of which the University of Pennsylvania is the direct lineal descendant and successor.

Under the old system, developed since then, a student, if he desired, could earn his degree of doctor of medicine in two courses of medical lectures of but five months' duration. All other trades and occupations required three, and even more, years—not of verbal instruction, but of actual hand labor—before the learner was considered fit to carry on his business independently of his master or teacher. This was the case with the carpenter, the stone-cutter and machinist, but the physician, who dealt with human life and its tenement, was often qualified by eighteen months' instruction, and even less.

Of the results of what is termed the "new plan," introduced in 1877, he spoke most favorably, and cited as one of the results that twenty-eight per cent. of the whole number of full course students attending the past session are college graduates. The faculty, therefore, he says, is encouraged and already committed to making the winter term of instruction hereafter six months, instead of five. "Nor will they be satisfied," says Dr. Tyson, "until an academic year is obtained of the same length as that of the collegiate department—that is, nine months—and the finished physician shall not only be thoroughly trained in all that pertains to his pro-

fession, but he shall also possess a university education, or its equivalent."

The class organization of this year's graduates was as follows: Charles R. Matchett, President; Timothy L. Barber, Vice President; George H. Wattles, Secretary; Peter M. K. Schwenk, Treasurer; Charles Claxton, Historian, together with an executive committee.

The Annual Faculty Supper was given to the graduating class on commencement night, in the new college building.

Woman's Medical College.

The Woman's Medical College of Philadelphia held its Annual Commencement at Association Hall, on Thursday, March 16th. After music and prayer by Rev. Charles G. Ames, the graduates were addressed by J. B. Walker, M.D. Professor of Practice of Medicine. He said:—

"Many of the graduates have been provided for by engagements to serve as resident physicians in large hospitals, where they will have opportunity to acquire an aptitude in the practical application of the knowledge in store. There are very few hospitals, however, which are open to women as resident physicians, and the Doctor said he was pleased to know that most of the fair graduates have mapped out an independent career, which will enable them, for a few months at least, to take up a course of study at the public clinics, which are now open to women.

"The fact is growing into popular acceptance," he said, "and admits of no refutation, that a profession which can grace man with dignity and highest honor cannot possibly be distorted into conferring disgrace and dishonor upon woman. Yet there are those who would have us believe you have soiled your hands and deformed your minds, as well as polluted your hearts, in espousing the study of medicine. Impossible. There is nothing connected with scientific inquiry which can tarnish purity or soil clean hands. It does not transform, it develops; and she who is graced with true womanliness will find it grow with the growth of her entire psychical nature under this, as under any other process of true culture."

The degree was then conferred upon nineteen graduates.

Medico-Chirurgical College.

The first annual commencement of the Medico-Chirurgical College was held at Association Hall on March 14th, and was largely attended. The exercises were begun by prayer by the Rev. George H. Johnston. Degrees were conferred by the President of the Trustees and Faculty, George P. Oliver, M.D., upon the following graduates: Parmenias Appleman, of Ohio; Thomas H. Hicks, of Canada, and Leolf Reese, of Pennsylvania. The valedictory address was delivered by Professor William F. Waugh, M.D., and a statement of the object and work of the college was read. Thirty students have now matriculated.

Starling Medical College.

The Starling Medical College, of Columbus, Ohio, at its last commencement, held February 23d, conferred diplomas upon fifty-two graduates, the largest and best class in many years.

Central College of Physicians and Surgeons of Indianapolis.

The third annual commencement of this College was held February 28th. There were eight graduates.

The Waters gold medal, for best thesis on chest diseases, a case of surgical instruments, and the valedictory honors, were all conferred on S. E. Sharp, B.S. The exercises were short, timely and interesting.

Alumni Society Meeting.

The Alumni Society of the University of Pennsylvania held its annual meeting, in Medical Hall, on the evening of March 14th, Dr. John H. Packard presiding.

Dr. James H. Hutchinson, Chairman of the Executive Committee, made this announcement: "The importance of having a literary journal under the direction of the University impressed itself upon the General Association of University Alumni, and resulted in negotiations being made and effected by which the *Penn Monthly* magazine came into the control of University men."

It was stated that the foundations of the new addition to the University Hospital, as the gift of Mr. Henry C. Gibson, were now being laid.

The following officers were elected for the ensuing year:—

President—Dr. John L. Atlee.

Vice-Presidents—Drs. Alfred Stillé, Meredith Clymer, W. S. W. Ruschenberger, Thomas J. Gallagher.

Treasurer—Dr. Thomas Holmes Cathcart.

Corresponding Secretary—Dr. H. R. Wharton.

Recording Secretary—Dr. Horace Y. Evans.

Executive Committee—Drs. Hiram Corson, Andrew Nebinger, John H. Packard, James H. Hutchinson, John Ashhurst, Jr., William F. Norris, Samuel Ashhurst, Thomas J. Yarrow, R. A. Cleeman, James Tyson, William Pepper, S. S. Stryker, Wharton Sinkler, Charles T. Hunter, C. B. Nancrede, Louis Starr, C. M. Seltzer, B. Alexander Randall, Edward S. McIlvaine, Charles R. Matchett.

Orator—Dr. Hiram Corson, of Pennsylvania.

Report of Fulton Co., N. Y., Medical Society.

The annual meeting of the Society was held at Gloversville, January 12th, 1882.

The retiring President, Dr. D. S. Orton, read an interesting paper on "Thrombosis." An essay on the subject of "Vaccination" was read by one of the members, in which the ground was taken that vaccination is and has been productive of more harm than benefit. The views of the writer were thoroughly disapproved by the Society; and its expression was in favor of vaccination and of re-vaccination every few years.

The officers elected for the ensuing year were, Dr. P. R. Furbeck, President; Dr. A. Z. Avery, Vice-President; Dr. I. de Zouche, Secretary; Dr. D. V. Still, Treasurer, and Dr. C. M. Lefler, Delegate to State Medical Society.

International Medical Congress.

It has been decided that the next International Medical Congress will be held in Copenhagen, in 1884.

A Tribute to Dr. Pancoast's Memory.

The Alumni Association of the Jefferson Medical College met March 9th, to take action upon the recent death of Professor Joseph Pancoast, M.D. Professor Gross, who presided, spoke feelingly of his relations with the deceased, whom he had known for fifty-four years, and reviewed the important medical and surgical works of Dr. Pancoast. Drs. A. Hewson and John H. Brinton also spoke, and Dr. Richard J. Dunglison offered appropriate resolutions of regret, which were adopted by the Association.

Attempted Assassination of Dr. Gray.

Dr. John P. Gray, Superintendent of the State Lunatic Asylum at Utica, New York, who was one of the principal expert witnesses in the Guiteau trial, against the insanity plea, was shot in his own private office, on the evening of March 16th, by a lunatic. The ball passed through both cheeks, but the wound is not considered fatal. The would-be murderer (who voluntarily gave himself up), Guiteau like, claimed a divine mission of eighteen months' standing, to kill Dr. Gray.

Smallpox in Bethlehem.

This disease has assumed epidemic form in Bethlehem. The health commission do not know of a single case in which a person previously successfully vaccinated has taken the smallpox. All precautions have been taken to prevent the spread of the disease.

Dr. Lamson.

Dr. Lamson, to whom we referred some time since as under arrest in London, on the charge of fatally poisoning his brother-in-law with acnitia, having been found guilty, his friends are trying to have him proved insane, from the excessive use of morphia.

—On p. 288, column 1, line 33, for *pause* read *panse*.

MARRIAGES.

BRUEN—WHELEN.—In Philadelphia, February 21st, Edward T. Bruen, M.D., and Sarah Y., daughter of the late Townsend Whelen.

EDWARDS—COLLINS.—At New Haven, Conn., Tuesday, February 28th, 1882, by Rev. Noah Porter, President of Yale College, Dr. Jonathan Edwards, formerly of Troy, N. Y., and Marion, youngest daughter of the late David U. Collins.

DEATHS.

GILLAM.—In Windsor, N. C., on Friday, February 24th, 1882, Francis Gillam, M.D., in the 42d year of his age.

PARKHURST.—At Englewood, N. J., on Wednesday, March 1st, Dr. Chester Parkhurst, in the 79th year of his age.

PETTINGILL.—Lucius L. Pettingill, the only surviving son of Samuel C. Pettingill, M.D., died at Haddonfield, Del., New York, on Wednesday evening, February 8th, 1882, in the 40th year of his age.

VAN SLYCK.—In Brookline, Mass., February 18th, 1882, Frances Dorcas, eldest daughter of Dr. D. B. and Annie E. Van Slyck, aged 19 years, 8 months and 20 days. Interment at Oswego, N. Y.